



# Student Transportation Information Form 2023-2024

Ph: 306 523-3025

REGINA PUBLIC SCHOOL DIV #4

email: transportation@rbe.sk.ca

School: \_\_\_\_\_

PowerSchool ID #: \_\_\_\_\_

NEW STUDENT(S)  CHANGE FOR EXISTING RIDER(S)  EXCEPTION REQUEST

**TRANSPORTATION FORM MUST BE RECEIVED BY THE TRANSPORTATION DEPARTMENT BY AUGUST 11, 2023 TO GUARANTEE BUSING FOR THE FIRST DAY OF SCHOOL**

1. Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Gender: F  M

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Grade: \_\_\_\_\_ (If K, note Schedule) A  B  Program: French  English  Spec Ed (indicate program): \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Gender: F  M

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Grade: \_\_\_\_\_ (If K, note Schedule) A  B  Program: French  English  Spec Ed (indicate program): \_\_\_\_\_

3. Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Gender: F  M

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Grade: \_\_\_\_\_ (If K, note Schedule) A  B  Program: French  English  Spec Ed (indicate program): \_\_\_\_\_

### HOME ADDRESS:

Apt/Unit #: \_\_\_\_\_ Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent #1: \_\_\_\_\_ Cell/Work Phone #: \_\_\_\_\_

Parent #2: \_\_\_\_\_ Cell/Work Phone #: \_\_\_\_\_

### ALTERNATE ADDRESS: If pick up and drop off are other than HOME address (such as Childcare Provider)

Alternate Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*Please note: Transportation cannot accommodate alternating schedules. We can only accommodate set days per week remaining the same each week.

Please indicate transportation below: H = Thursday

PICK UP: Home: M T W H F

RETURN: Home: M T W H F

Alternate: M T W H F

Alternate: M T W H F

PICK UP NOT REQUIRED:

RETURN NOT REQUIRED:

Date Required: \_\_\_\_\_ NOTES: \_\_\_\_\_

Name(s) of sibling(s) transported: \_\_\_\_\_

For bussing inquiries, call dispatch 306 546-4022 (bus barns). For changes & eligibility, call 306 523-3025 (school board)

PICK UP STOP: \_\_\_\_\_ TIME: \_\_\_\_\_ (approx.)

Route: \_\_\_\_\_ Existing Stop  New Stop  Bus Color: \_\_\_\_\_ Vendor (taxi) / bus driver: \_\_\_\_\_

DROP OFF STOP: \_\_\_\_\_ TIME: \_\_\_\_\_ (approx.)

Route: \_\_\_\_\_ Existing Stop  New Stop  Bus Color: \_\_\_\_\_ Vendor (taxi) / bus driver: \_\_\_\_\_

Qualify  Exception  > Granted  Denied  reason: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ Database updated by/On: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

Copy for busing  Copy for school  Copy for LVT

SCHOOL PLEASE CALL PARENTS  PARENT(S) INFORMED

OFFICE USE ONLY