

Student Transportation Information Form 2021-2022 Ph: (306) 523-3025 REGINA PUBLIC SCHOOL DIV #4 email: transportation Form 2021-2022

email: transportation@rbe.sk.ca

School:	PowerSchool ID #:
NEW STUDENT(S) ☐ CHANGE FOR EXISTING I	RIDER(S) EXCEPTION REQUEST _
	First Name(s): Gender: F [] M [
Date of Birth: MonthDay	Year
Grade: (If K, note Schedule) A B Progr	ram: French English Spec Ed (indicate program):
2. Last Name:	First Name(s): Gender: F [] M [
Date of Birth: MonthDay	
Grade: (If K, note Schedule) A D B Progr	ram: French English Spec Ed (indicate program):
3. Last Name:	First Name(s): Gender: F M
Date of Birth: MonthDay	Year
Grade: (If K, note Schedule) A D B Progr	ram: 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 #:
ALERNATE ADDRESS: If pick up and drop off are	e other than HOME address (such as Childcare Provider)
Alternate Name:	
	Phone #:
	dules. We can only accommodate set days per week remaining the same each week.
Please indicate tran	nsportation below: H = Thursday
PICK UP: Home: M T W H	
Alternate: M T W H	Alternate: M T W H F
PICK UP NOT REQUIRED:	RETURN NOT REQUIRED:
Date Required: NOTES:	-
Name(s) of sibling(s) transported:	
	For changes & eligibility, call 306 791-8245 (school board)
PICK UP STOP:	TIME:(approx.)
	Color: Vendor (taxi) / bus driver:
DROP OFF STOP:	
	Color: Vendor (taxi) / bus driver:
Qualify	reason:
EFFECTIVE DATE:	Database updated By/On:
SPECIAL INSTRUCTIONS:	-
Copy for busing Copy for school Copy for LVT	SCHOOL PLEASE CALL PARENTS PARENTS CALLED