



## Prairie Spirit School Division RURAL BUS TRANSPORTATION REQUEST

Please return completed form to Prairie Spirit School Division  
Fax: 374-2862 or e-mail: [nancy.matechuk@spiritsd.ca](mailto:nancy.matechuk@spiritsd.ca)  
Allow 7 days processing time for bus requests

School Requested: \_\_\_\_\_ Bus Request Start Date: \_\_\_\_\_ 20 \_\_\_\_\_

Parents/Guardians Name(s) & Relationship to student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone & Cell Nos.: \_\_\_\_\_ Work Phone Nos.: \_\_\_\_\_

Legal Land Description (Rural): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ W of \_\_\_\_\_  
(section number, include NE, NW, SE or SW) (township) (range) (meridian)

Rural: Please draw your driveway and home location on the diagram of a 1 square mile section of land (divided into quarter sections) to show where the school bus will access your property. Please label applicable street, road, or highway names or numbers. Is your driveway accessible for a bus to turn around in if necessary? \_\_\_\_\_. Yard service not provided for driveways under 200 metres in length.

NW	NE
SW	SE

Street Address (Urban): \_\_\_\_\_  
(Include street address, town or subdivision as applicable)

Alternate Emergency Contact Name and Relationship to Student: \_\_\_\_\_

Alternate Emergency Contact Phone: \_\_\_\_\_

### STUDENT INFORMATION:

If Applicable:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies/Special Needs: \_\_\_\_\_

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Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies/Special Needs: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Office Use Only

Bus Route: \_\_\_\_\_ Driver: \_\_\_\_\_

Comments: \_\_\_\_\_