



PARK WEST SCHOOL DIVISION

*Transportation Services, Box 68, Birtle, Manitoba ROM OCO
Telephone (204) 842-2100 Fax: (204) 842-2110*

TRANSPORTATION SERVICE REQUEST

Name of Student: _____ **Grade:** _____

School Attending: _____ **Age:** _____

Transfer Student: Yes ___ No ___ **New Student:** Yes ___ No ___

Previous School Attended: _____

Previous School Division Attended: _____

Medical Conditions (If Relevant): _____

Parent and Guardian Information:

Names: _____

Section, Township, Range/ or street address: _____

Home Telephone: _____ **Work Telephone:** _____

Mailing Address: _____

Emergency Contact Person: _____

Comments: _____

Date: _____ **Signature(parent/guardian)** _____

FOR OFFICE USE ONLY

Route #: _____ Catchment: _____

Drivers Name: _____ Mileage Adjustment: _____

Commencement Date: _____ Time On: _____ Time Off: _____