



# PARK WEST SCHOOL DIVISION

## REQUEST FOR SCHOOL BUS TRANSPORTATION SERVICES

Date of Request: \_\_\_\_\_ School Bus Start Date: \_\_\_\_\_

### Student Information – please print

Name of Student(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

School Attending: \_\_\_\_\_ Age(s): \_\_\_\_\_

Medical Conditions (If Relevant): \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Parent 1 Cell: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Parent 2 Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address (if no email address): \_\_\_\_\_

### Address (Primary Residence of Parent/Guardian, or Student if Age 18 or Older)

Section, Township, Range: \_\_\_\_\_

Civic Address (6 digit number, if available): \_\_\_\_\_

Additional Information: \_\_\_\_\_

Parent/Guardian (or Student if Age 18 or Older) Signature: \_\_\_\_\_

**Please Note: Students may be required to transfer buses at certain schools.**

<b>FOR TRANSPORTATION OFFICE USE ONLY:</b>		
Catchment: _____	Pickup / Meet Bus Location: _____	
Route #: _____	Time On: _____	Time Off: _____
Transfer Route #: _____	Time On: _____	Time Off: _____

**For all transportation inquiries, please call 204-842-2111.**

**Completed forms can be delivered to the school or submitted by:**

- Email to: [transportation@pwsd.ca](mailto:transportation@pwsd.ca), or
- Fax: 204-842-2110, or
- Mail: Box 68, Birtle, Manitoba ROM OCO