



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.

FOR TRANSPORTATION OFFICE USE ONLY:

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, or
- Fax: 204-842-2110, or
- Mail: Box 68, Birtle, Manitoba ROM OCO