



# Martensville Urban

## SCHOOL BUS SERVICE REQUEST

Maps, including bus stops are available on our website ([www.spiritsd.ca/buses](http://www.spiritsd.ca/buses)) under the **Information** tab  
**Please allow 7 business days processing time for bus requests.**

Please return to Prairie Spirit School Division  
E-mail: [carrielynn.weigel@spiritsd.ca](mailto:carrielynn.weigel@spiritsd.ca) or Fax: (306) 374-2862

What type of pass is required?                       Home    Daycare    Both

School Requested:         Lake Vista    Valley Manor    Venture Heights    Martensville High

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

Parent/Guardian Primary Contact Number: \_\_\_\_\_

**Student(s):**

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

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

**\* For safety reasons urban bus students in Kindergarten must be met at bus stop by an adult. If you are not able to make these arrangements the waiver below must be signed. Students not met by an adult will be returned to their school and parents will need to pick up students at the school.**

**WAIVER FOR KINDERGARTEN STUDENTS ONLY**  
Please allow the above kindergarten student(s) to be dropped at bus stop without an adult to meet them.  
(Parent/Guardian Signature) \_\_\_\_\_

Street Address: \_\_\_\_\_

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

	Parent/Guardian Name	Primary Number	Cell Number	Other Number
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
	<b>Emergency Contact Name</b>			
#1	_____	_____	_____	_____

Please list any medication or allergies the driver should be aware of. \_\_\_\_\_

Special Requests: \_\_\_\_\_

**Daycare Information**

Street Address: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date