



Rural Transportation Request Primary Residence

School Attending: _____

Transportation Start Date: _____ 20_____

Student(s)

Note: The Learning ID must be completed by the school before transportation begins processing.

Name: _____ Learning ID _____ Grade _____ Gender _____

Name: _____ Learning ID _____ Grade _____ Gender _____

Name: _____ Learning ID _____ Grade _____ Gender _____

Name: _____ Learning ID _____ Grade _____ Gender _____

Primary Address: *This is the address where the student(s) reside for 50% of the time and is registered with the school.*

Legal Land Description Address _____ - _____ - _____ - W of _____
(NE, NW, SE, SW) (Section) (Township) (Range) (Meridian)

NW	NE
SW	SE

Please draw your residence and driveway in the appropriate quarter labelling the applicable street, road, highway, or other landmarks.

OR

Attach a google map pin of showing where your residence is located within the quarter you reside in.

NOTE: Yard service is not provided for driveways under 200m in length.

Primary Physical Address: (include street address, town and/or subdivision)

Primary Contact Name

Relationship

Contact Phone #

Secondary Contact Name

Does your child utilize a wheelchair or other mobility aid preventing the use of steps? YES or NO (circle)
If yes, please describe: _____

Please allow up to seven (7) business days to process and possibly longer in August, September & October.

Delays will occur if information is not legible and/or incomplete.

The family is responsible for transportation until they receive communication from the bus driver.

Parent/ Legal Guardian Signature _____

Date _____

Please return form to your school for further processing.