



Route Information

Complete and fax or email Page 1 of form to Bus Garage by September 8, 2015, and Page 2 by September 30, 2015
 September 20__ to June 20__ .

Name of Bus Route: _____ (eg: AB-01)

Driver's Name: _____

Telephone: _____

Mailing Address: _____

Legal Land Description/Home Address (if different from Mailing): _____

Year and Model of School Bus: _____ Bus No: _____

Seating Capacity (total seats x 3/seat): _____ Total Seats on Bus: _____

PASSENGERS

	Non-Wheelchair Passengers	Wheelchair Passengers	
Number of High School Pupils (Gr.7-12):	_____	_____	
Number of Elementary Pupils (Gr.1-6):	_____	_____	
Number of Kindergarten Pupils:	_____	_____	
Number of Pre-K Pupils (if applicable):	_____	_____	PK Seats: _____
Number transferred from other bus(es):	_____	_____	
Total Passengers (Maximum Load):	_____	_____	= _____ (Grand Total)

TIMES

Departure Time from Home/Bus Compound(a.m.): _____

Time of First Pickup (a.m.): _____

School Drop Off Time: (a.m.): _____

Time of Arrival Home/Bus Compound(a.m.): _____ Total a.m. time: _____

Time of Departure Home/Bus Compound(p.m.): _____

School Departure Time (p.m.): _____

Time of Last Drop Off p.m.): _____

Time of Arrival at Home after Last Drop (p.m.): _____ Total p.m. time: _____

BUS ROUTE - All weather (winter) roads/Kindergarten kms averaged in kilometres indicated:

MORNING RUN

- 1) Km's from home to first pickup (empty): _____
- 2) Km's from first pickup to school (loaded): _____
- 3) Km's from school to home (empty): _____

AFTERNOON RUN

- 4) Km's from home to school (empty): _____
- 5) Km's from school to last dropoff (loaded): _____
- 6) Km's from last drop to home (empty): _____

Is your afternoon (PM) route:

1. Same start-to-end as your AM.
2. Reversed start-to-end compared to AM.
3. Neither of the above

Circle one of the above and record times on reverse.

Bus Route Km Totals:

- 7) Total Morning Run Km's (1+ 2+ 3) _____
- 8) Total Afternoon Run Km's (4+ 5+ 6) _____

Agreed Upon Daily Route Km's for Pay (7+ 8): _____

Driver's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Please return this page by September 8, 2015, to Prairie Spirit Bus Garage at fax: 306-374-2862, or email:
 nancy.matechuk@spiritsd.ca

