



# RURAL SCHOOL BUS SERVICE REQUEST

Visit [www.spiritsd.ca/buses](http://www.spiritsd.ca/buses) under the **Information** tab for the "**Rural Busing Guidelines**"

**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

School Requested: \_\_\_\_\_

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: \_\_\_\_\_

**Legal Land Description:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ W of \_\_\_\_\_  
(NE,NW,SE,SW & section #) (Township) (Range) (Meridian)

Please draw your driveway and home location on the diagram below to show where the school bus will access your property. Label applicable streets, roads, or highway names and numbers bordering the section. Yard service is not provided for driveways under 200m and will be reviewed for driveways over 200m.



**If applicable Urban Address: (Please include street address, town, and/or subdivision)**

\_\_\_\_\_

	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: \_\_\_\_\_

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

\_\_\_\_\_  
Date