



Rural Bus Transportation Request

Please return form to your school for further processing.

School Attending: _____

Busing 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 _____

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.

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

OFFICE USE

RECEIVE _____

ENTER _____

EMAIL _____