

North East School Division
Transportation Services Request Form

Change of Information

Phone: 306-873-4555

Email: transportation@nesd.ca

School: _____

Student Information

Legal Last Name: _____ Grade: _____

First Name: _____ Middle Name: _____

Date of Birth (Month/Day/Year): _____ Female Male

Street Address: _____

Land Location: _____
Quarter Section Township Range Meridian

Mailing Address: _____
Box #: _____ Town: _____ Postal Code: _____

Home Phone: _____ Preferred Phone Number: _____

When the bus is delayed or cancelled what is the
best phone number to contact you.

Parent/Guardian Information

Relationship: _____
Father, Mother, Step-Father, Step-Mother, Guardian, Foster Care

Relationship: _____
Father, Mother, Step-Father, Step-Mother, Guardian, Foster Care

Name: _____ Name: _____

Cell #: _____ Cell #: _____

Permissions

TRANSPORTATION CONSENT

I have read, understood and agree to follow the School Bus Safety Notice within the North East School Division.

You may read the full policy here: Yes No

<http://www.nesd.ca/Programs/transportation/Documents/DRIVER%20-%20School%20Bus%20Safety%20x11.pdf>

I consent to my name and telephone number(s) being included on a call list circulated to other families on the bus route. If you choose not to consent you may not be made aware of route cancellations that happen on short notice.

Yes No Not applicable

Signature: _____ Date: _____