Transportation Department Turtleford Office Box 280 Turtleford, SK S0M 2Y0 306-845-2150



Email form to: transportation.department@nwsd.ca

	Data	NON-RESIDEI	
PRIMARY PARENT AT RESIDENCE ON SCHOOL REGIST			
This is to request that my/our child/children be train understand that the pick up or drop off for childcare custody arrangements. Parents/guardians may apply f	nsported must not	from an addres alter a regular r	oute. Exceptions will be made for
Reason for alternate arrangement: Childcare		Custody	
Primary Parent/Guardian:			
Phone #'s: Home: Work	: <u> </u>		_Cell:
Name:	Grade:		School:
Signature of Frinally Farency Guardians.			
CUSTODY SECONDARY/JOINT CUSTODY RESIDENCE: Parent/Guardian of Second Residence:			
CUSTODY SECONDARY/JOINT CUSTODY RESIDENCE:			
CUSTODY SECONDARY/JOINT CUSTODY RESIDENCE: Parent/Guardian of Second Residence:	k:		Cell:
CUSTODY SECONDARY/JOINT CUSTODY RESIDENCE: Parent/Guardian of Second Residence: Phone #'s: Home: Work	k: ve family t	to access bus tra	Cell:ansportation to/from our location we can retract our responsibilities
CUSTODY SECONDARY/JOINT CUSTODY RESIDENCE: Parent/Guardian of Second Residence: Phone #'s: Home: Work Legal Land Description: Signature of Parent/Guardian: CHILDCARE: I/we confirm that we have given approval to the above I/we also acknowledge responsibility for the child/child at any time.	k: ve family t	to access bus tra understand that	Cell:ansportation to/from our location we can retract our responsibilities
CUSTODY SECONDARY/JOINT CUSTODY RESIDENCE: Parent/Guardian of Second Residence: Phone #'s: Home: Work Legal Land Description: Signature of Parent/Guardian: CHILDCARE: I/we confirm that we have given approval to the above I/we also acknowledge responsibility for the child/child at any time. Name of Childcare Provider:	k: ve family t dren and u	to access bus tra understand that	Cell:ansportation to/from our location we can retract our responsibilities
CUSTODY SECONDARY/JOINT CUSTODY RESIDENCE: Parent/Guardian of Second Residence: Phone #'s: Home: Work Legal Land Description: Signature of Parent/Guardian: CHILDCARE: I/we confirm that we have given approval to the above I/we also acknowledge responsibility for the child/child at any time. Name of Childcare Provider: Legal Land Description: (Must be an existing stop) Phone #'s: Home: Work: Signature of Childcare Provider:	ve family t	to access bus tra	Cell:ansportation to/from our location we can retract our responsibilities