

Annual Lloydminster Bus Transportation Request E-mail completed form to: transportation.department@nwsd.ca

Parent/Guardian:		Parent /Guardian:		
Mailing Address:		Mailing Address:		
Mobile Phone: Home Phone:		Mobile Phone: Home Phone:		
	Legal Land Description:(N. Draw your driveway/street ar school bus will access your p Can a bus turn around in you	E, NW, SE or SW) (Section) nd home location on the roperty.	(Township) (Range) section of land to s	(Meridian) Show where the p will be require
	Is this residence on reserve I Are there currently students I Does child(ren) attend Frenc	being transported from t		Office Use Or
	Schoo	ol:	Grade:	Student Numb
	Schoo			
):	Schoo	ol:	Grade:	
e:	Schoo	ol:	Grade:	
9:	Schoo	ol:	Grade:	
··	Schoo	l:	Grade:	
	al information that the bus di		oi sucii as fieaith f	
Office Use Only				
_		Bus Route:		