



Annual Lloydminster Bus Transportation Request

E-mail completed form to: transportation.department@nwsd.ca

Busing Start Date: _____mm/dd/yyyy) New Student/Family Changes to Student Information

Parent/Guardian:	Parent /Guardian:
Mailing Address:	Mailing Address:
Mobile Phone:	Mobile Phone:
Home Phone:	Home Phone:
Work Phone:	Work Phone:

Legal Land Description: _____ - _____ - _____ - _____ **W of 3**
(NE, NW, SE or SW) (Section) (Township) (Range) (Meridian)

Draw your driveway/street and home location on the section of land to show where the school bus will access your property.
 Can a bus turn around in your driveway? **YES**___ **NO**___ **If no, a road stop will be required.**
 Is this residence on reserve land? **YES**___ **NO**___ **NO** ___
 Are there currently students being transported from this residence? **YES** ___
 Does child(ren) attend French Immersion? **YES**___ **NO** ___

STUDENT INFORMATION:

**Office Use Only
Student Number**

Name: _____	School: _____	Grade: _____	
Name: _____	School: _____	Grade: _____	
Name: _____	School: _____	Grade: _____	
Name: _____	School: _____	Grade: _____	
Name: _____	School: _____	Grade: _____	
Name: _____	School: _____	Grade: _____	

Please list any additional information that the bus driver needs to be aware of such as health restrictions.

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Office Use Only	
Bus Driver: _____	Bus Route: _____
Comments: _____	
Driver Notified: <input type="checkbox"/>	Method: _____ Date: _____ GeoRef Entry Date: _____
RM Notified: _____	Payroll Notified: _____