Transportation Department Turtleford Office Box 280 Turtleford, SK S0M 2Y0



PERMISSION TO TRANSPORT FIRST NATION STUDENT

Date:		
FIRST NATION OF RESIDENCE:		
Parent/Guardian:		Phone:
Mailing Address:		
Residence (Land Location):		
A request has been submitted to the North following students:	west School Division	Transportation Department to transport the
Name:	Grade:	School:
transportation cost as calculated by the No Check one of the choices and provide billing The current The duration of the above student's	orthwest School Divisiing address below. Peschool year.s education with the	Prmission is granted for: Northwest School Division, provided the
Chief:Chief Signature:		
Accounting Contact Person:	Phone:	
Email:		
Band Office Mailing Address:		
Please return completed form to <u>transportation.department@nwsd.ca</u>		
Office Use Only: Bus Driver:		Aspen Registration Verified: Bus Route:
Method driver informed:		Date: