



# Annual Lloydminster Bus Transportation Request

E-mail completed form to: [transportation.department@nwsd.ca](mailto:transportation.department@nwsd.ca)

Busing Start Date: \_\_\_\_\_mm/dd/yyyy)  New Student/Family  Changes to Student Information

<b>Parent/Guardian:</b>	<b>Parent /Guardian:</b>
<b>Mailing Address:</b>	<b>Mailing Address:</b>
<b>Mobile Phone:</b>	<b>Mobile Phone:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>


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