

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



EMAIL: transportation.department@nwsd.ca

ANNUAL PERMISSION TO TRANSPORT STUDENT TO NON-RESIDENCE ADDRESS

Date: _____

PRIMARY PARENT AT RESIDENCE ON SCHOOL REGISTRATION FORM:

This is to request that my/our child/children be transported from an address other than primary residence. I understand that the pick up or drop off for childcare must not alter a regular route. Exceptions will be made for custody arrangements.

Reason for alternate arrangement: Childcare Custody

Primary Parent/Guardian: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Signature of Primary Parent/Guardian: _____

CUSTODY SECONDARY/JOINT CUSTODY RESIDENCE:

Parent/Guardian of Second Residence: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Legal Land Description: _____

Signature of Parent/Guardian: _____

CHILDCARE:

I/we confirm that we have given approval to the above family to access bus transportation to/from our location. I/we also acknowledge responsibility for the child/children and understand that we can retract our responsibilities at any time.

Name of Childcare Provider: _____

Legal Land Description: (Must be an existing stop) _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Signature of Childcare Provider: _____

Office Use Only:

Bus Driver: _____ Bus Route: _____

Driver informed: Method: _____ Date: _____