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



PERMISSION TO TRANSPORT STUDENT TO NON-RESIDENCE ADDRESS

	Dat	e:	
PRIMARY PARENT AT RESIDENCE ON	SCHOOL REGISTRATIO	ON FORM:	
This is to request that my/our child, understand that the pick up or drop o approved. Exceptions will be made for	off must occur at an ex	isting stop; that an	y alteration to the route will not be
Reason for alternate arrangement:	Childcare	Custody	
Primary Parent/Guardian:			
Phone #'s: Home:	Work:		Cell:
Name:	Gra	de:	School:
Name:	Gra	de:	_School:
Name:	Gra	de:	School:
Name:	Gra	de:	School:
Name:	Gra	de:	School:
CUSTODY: Secondary Parent/Guardian:			
Phone #'s: Home:	Work:		Cell:
Legal Land Description:			
CHILDCARE: I/we confirm that we have given appropriate any time. Name of Childcare Provider:		•	
Legal Land Description: (Must be an ex	xisting stop)		
Phone #'s: Home:	Work:		Cell:
Signature of Childcare Provider:			
Office Use Only:			
Bus Driver:		Bus Route:	
Driver informed: Method:		Date:	
GeoRef Entry Date:		Aspen Entry D	Date: