

Driver/Contractor Contacted:

Pre-Kindergarten Request for Transportation

PARENT INFORMA	TION					
Mother/Guardian:						
Father/Guardian:						
Residence Phone: Bu		isiness Phone:		Cell Phone:		
Mailing Address:		Town:		Postal Code:		
Legal Land:			911 Address:			
Email:		Fax:				
Student's Last Name	Student's First Name	Gender	Date of Birth	Requested School		
		□F□M				
		□F□M				
		□F□M				
		□F□M				
Please state the designated school area in which you currently reside:						
TRANSPORTATION AGREEMENT I hereby request that my child/children (above) receive bus transportation to the requested school. I confirm that my child (ren) can function independently both in entering and exiting the bus and in being able to maintain the expected rules on a bus. Should the situation for my child change and my child is not able to function independently, I will be notified by the Principal of the School and/or Transportation Services and will thereupon transport my child/children to and from school with my own means.						
Parent/Guardian:				Date:		
PRINCIPAL APPROVAL – RECEIVING SCHOOL						
To be signed by the princ	ipal of the school the stu	dent will be a	attending confirm	ming the independence of the s	tudent(s).	
Principal's Signature:				Date:		
Office Use Only:				The collection of personal information herein is collected pursuant to the provisions of <i>The School Act</i> and its Regulations, <i>The Freedom of Information and Protection of Privacy Act</i> (FOIP), and <i>The Vital Statistics Act</i> , as the collection is related directly to and is necessary to the		
Signed - Director of Transportation Date				School Board's obligations to provide students with an education program that meets their needs and to provide a safe and secure school environment. All information collected pertaining to students will be kept confidential unless otherwise authorized in writing by		
Route No						

the parent or guardian of the student.