



Student Transportation Information Form 2023-2024

Ph: 306 523-3025

REGINA PUBLIC SCHOOL DIV #4

email: transportation@rbe.sk.ca

School: _____

PowerSchool ID #: _____

NEW STUDENT(S) CHANGE FOR EXISTING RIDER(S) EXCEPTION REQUEST

TRANSPORTATION FORM MUST BE RECEIVED BY THE TRANSPORTATION DEPARTMENT BY AUGUST 11, 2023 TO GUARANTEE BUSING FOR THE FIRST DAY OF SCHOOL

1. Last Name: _____ First Name(s): _____ Gender: F M

Date of Birth: Month _____ Day _____ Year _____

Grade: _____ (If K, note Schedule) A B Program: French English Spec Ed (indicate program): _____

2. Last Name: _____ First Name(s): _____ Gender: F M

Date of Birth: Month _____ Day _____ Year _____

Grade: _____ (If K, note Schedule) A B Program: French English Spec Ed (indicate program): _____

3. Last Name: _____ First Name(s): _____ Gender: F M

Date of Birth: Month _____ Day _____ Year _____

Grade: _____ (If K, note Schedule) A B Program: French English Spec Ed (indicate program): _____

HOME ADDRESS:

Apt/Unit #: _____ Address: _____ Postal Code: _____

Phone Number: _____ Email: _____

Parent #1: _____ Cell/Work Phone #: _____

Parent #2: _____ Cell/Work Phone #: _____

ALTERNATE ADDRESS: If pick up and drop off are other than HOME address (such as Childcare Provider)

Alternate Name: _____

Address: _____ Phone #: _____

*Please note: Transportation cannot accommodate alternating schedules. We can only accommodate set days per week remaining the same each week.

Please indicate transportation below: H = Thursday

PICK UP: Home: M T W H F

RETURN: Home: M T W H F

Alternate: M T W H F

Alternate: M T W H F

PICK UP NOT REQUIRED:

RETURN NOT REQUIRED:

Date Required: _____ NOTES: _____

Name(s) of sibling(s) transported: _____

For bussing inquiries, call dispatch 306 546-4022 (bus barns). For changes & eligibility, call 306 523-3025 (school board)

PICK UP STOP: _____ TIME: _____ (approx.)

Route: _____ Existing Stop New Stop Bus Color: _____ Vendor (taxi) / bus driver: _____

DROP OFF STOP: _____ TIME: _____ (approx.)

Route: _____ Existing Stop New Stop Bus Color: _____ Vendor (taxi) / bus driver: _____

Qualify Exception > Granted Denied reason: _____

EFFECTIVE DATE: _____ Database updated by/On: _____

SPECIAL INSTRUCTIONS: _____

Copy for busing Copy for school Copy for LVT

SCHOOL PLEASE CALL PARENTS PARENT(S) INFORMED

OFFICE USE ONLY