LORD SELKIRK
SCHOOL DIVISION

REQUEST FOR TRANSPORTATION SERVICES

(This form must be completed and sent to the Transportation Office for all transportation requests)

Date of Request: _____ Effective Date of Request: _____

☐ New to the division ☐ Address change ☐ School change ☐ Change in childcare ☐ Current student new to busing

Student Information—please print

Name: _____
Last Name First Name Middle

Grade: _____ School: _____

Home Address: _____

Pick-up Address: _____

Drop-off Address: _____

Parent/Guardian _____ Phone : _____

Daycare Phone (if applicable): _____ Alt Phone: _____

Additional Information: _____

_____

☐ **My child has a medical condition**

Medical information provided at time of registration will be shared with the transportation department to support your child on the bus. If anything has changed for your child since that time, please ensure that the school has the most up to date infromation.

Please check appropriate box:

☐ Student attending French Immersion ☐ Student attending English-Ukrainian Bilingual Program

Transportation information can be found on the Parent PowerSchool Portal (web browser). Please allow up to 5 business days for processing. If filling out this request for the following school year, information will be available last week of August. Please Note: Students may be required to transfer buses at certain schools.

For Transportation Office Use only:

Date Received: _____ Date Approved: _____

1: AM Bus #: _____ PM Bus #:_____ Transfer Bus #_____TSF Location: _____

2: AM Bus #: _____ PM Bus#: _____ Transfer Bus #_____ TSF Location: _____

1: P/U Location: _____ D/O Location: _____

2: P/U Location: _____ D/O Location: _____

Eligibility Code: _____ Driver Notified ☐ Entered in RF ☐

Notes: _____

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_____

For all transportation inquiries please call **204-*785-7311*** or ***email: transportation@lssd.ca***

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