

Anglophone West School District

KINDERGARTEN TRANSPORTATION REQUEST

Parents/Guardians:

Please complete this form
and return it to the school or
school district office. Thank
you.

Student Name: _____

Home Address & postal code: _____

School: _____

- My child does not require daily transportation by school bus – we drop-off in the morning and pick-up in the afternoon.
- My child requires school bus transportation morning and afternoon to/from our home address. Indicate bus number if known: a.m. _____ p.m. _____
- My child requires school bus transportation mornings only from the same address each day – we pick-up after school:
 - from the home address above
 - alternate location: _____
- My child requires school bus transportation afternoons only to the same address each day – we drop-off in the mornings:
 - to the home address above
 - alternate location: _____
- My child requires school bus transportation from home in the mornings, and in the afternoon to one of two locations used consistently on the same days each week (rotational schedules are not accommodated):
 - primary location: _____ M T W Th F
 - alternate location: _____ M T W Th F
 - we require afternoon accommodation as stated above, however we transport the child to school in the morning
- My child is registered at/or attending this school as an alternate placement (out-of-zone), and if permission is granted, I understand transportation is my responsibility.

Special Instructions or Medical Information of which the driver should be aware:

Parent/Guardian Names: _____

Home Phone Number: _____

Work/Other Phone Number: _____