Revised Aug 2014

Seine River School Division
Request for Transportation

Enrolment: Regular _____ **School of Choice _____ **Program Not Offered _____

** **This application for transportation must be submitted in writing and must be attached to the School of Choice or Application for Program No Offered** (forward all to Karen @ Division Office)

1. **Divisional acceptance of an application to attend a school outside of the student's designated school area does not constitute automatic access to divisional transportation services (or allowance in lieu of.)**
2. **In review the request, the following criteria will be considered:**
   - **i) the ability of the *school of choice* to accommodate the *classroom* request**
   - **ii) the availability of a route in the direction requested, and**
   - **iii) the ability of the existing routes to absorb additional passengers.**
3. **All requests must be forwarded to the *school of choice* on or before May 15.**
4. **Please complete one request form per student.**

New _____ Change_____ Re-apply_____

Student's name: _____

Parent(s) or guardian: _____

Designated: school (catchment area):_____ Division _____

School chosen: _____ Division _____

Grade: _____ **Program**: English _____ Immersion _____ Wheelchair _____

First day of attendance: _____ Special Needs _____

Legal description of land: (i.e. SW28-8-8E or RL#-AN) **(Required)** _____

Civic/911 Address and/or Municipal Rd **(Required)** _____

Mailing address: _____

Town / City: _____ Postal Code:_____

Telephone number: Home No. _____ Dad Cell No. _____

Mom Cell No. _____ Other. _____

Siblings currently bussed: _____

Is the pick-up address the same as the address of the residence? Yes _____ No _____

If "no": **Legal description of land:** _____

Civic/911 Address: _____

Name of sitter: _____

Telephone number: _____

_____

FOR OFFICE USE: **The request is:**

_____ **granted** _____ **denied**

Bus No. : _____ **Reason:** _____ School request denied

Time of arrival: _____ _____ Unavailability of space

Pick-up point: _____ _____ No route in that direction

_____ Other: _____

Return to: **Transportation Department**
191 Dawson Road
Ste. Anne, MB R5H 1B6

TF 13-10 (White) **Phone: 1-204-422-6222** **Fax: 1-204-422-6777**