



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 Registration Transfer From: _____ Other: _____

Student Information—please print

Name: _____
Last Name First Name Middle

Grade: _____ School: _____

Physical Address: _____

Pick-up Location *(if different from above)*: _____

Drop-off Location *(if different from above)*: _____

Parent/Guardian _____ Phone (Home) : _____

Cell Phone: _____ Alt Phone: _____

Current School Bus Transportation (if currently on a bus)

Bus #: _____

Do you have other children riding on a bus? NO YES

Bus #: _____

Additional Information: _____

Please Note: Students may be required to transfer buses at certain schools.

For Transportation Office Use only:

Date Received: _____ Date Approved: _____

AM Bus #: _____ AM Time: _____ Transfer Bus # _____ TSF Location: _____

PM Bus #: _____ PM Time: _____ Alt Bus _____ Time: _____

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

Eligibility Code: _____ Driver Notified Entered in RF Copy sent to school

Notes: _____

For all transportation inquiries please call 204-482-5942 or email Transportation@lssd.ca

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