

TRANSPORTATION APPLICATION

New Student to School

Revised Application for Existing Student

Date Transportation is to start: _____

Students must be enrolled at the school for this application to be completed.

Student Information:

Last Name First Name Age DOB (mm/dd/yyyy) Home Phone Parent Cell

School Information:

School to Attend (Location of Program) Current School Grade

Program Information: Regular Program French Immersion Elective Program: _____

All addresses must be in bounds and of an eligible distance from the school to receive transportation. Find the boards' complete transportation policy at triboard.ca

Primary Address:

House # Street Name Town Postal Code Phone

Parent/Guardian Name Relationship to Student Primary Contact Number Secondary Contact Number Email

This contact information will be used in the event of an issue en route, at the bus stop, or in the case of an emergency to/from this address

Full Day AM Only PM Only Transportation Not Required

Secondary Address:

House # Street Name Town Postal Code Phone

Parent/Guardian Name Relationship to Student Primary Contact Number Secondary Contact Number Email

This contact information will be used in the event of an issue en route, at the bus stop, or in the case of an emergency to/from this address

Full Day AM Only PM Only Transportation Not Required

Medical Needs: Does the student have a Prevalent Medical Condition requiring a Plan of Care? Yes No

If yes, transportation will not take effect until Plan of Care forms are submitted. For more information, please read the Prevalent Medical Condition Procedure available on our website.

Parent/Guardian Signature Date

Submit this form to applications@triboard.ca or to the school for processing

Information on this application form will be used to provide school bus transportation service for eligible students and may be disclosed to authorized personnel.