

# TRANSPORTATION APPLICATION

Please include all applicable addresses requiring transportation; the submission of this form will override existing information on file.

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

New Student to School     Revised Application for Existing Student    Date Transportation is to Start: \_\_\_\_\_

## STUDENT INFORMATION

\_\_\_\_\_  
Last Name                      First Name                      Age                      DOB (mm/dd/yyyy)                      Home Phone                      Guardian Cell

## SCHOOL INFORMATION

\_\_\_\_\_  
School to Attend (Program Location)                      Current School                      Grade

Program:     Regular program     French Immersion

Students in specialized programs (Challenge, LEAP, IB, etc.) must complete the **Elective Learning Program Transportation** application

## PRIMARY ADDRESS

\_\_\_\_\_  
House #                      Street Name                      Town                      Postal Code                      Phone

\_\_\_\_\_  
Guardian Name                      Relationship to Student                      Primary Contact Number                      Secondary Contact Number                      Email

Full Day                       AM Only                       PM Only                       Transportation Not Required

## SECONDARY ADDRESS **All addresses requiring transportation must be submitted on one form. Newly submitted forms will override older submissions**

\_\_\_\_\_  
House #                      Street Name                      Town                      Postal Code                      Phone

\_\_\_\_\_  
Guardian Name                      Relationship to Student                      Primary Contact Number                      Secondary Contact Number                      Email

Full Day                       AM Only                       PM Only                       Transportation Not Required

All addresses requiring transportation should be included on one form, as older forms will be overridden by this submission. Any student with a medical condition is required to submit a Medical Release of Information form to the school and the school will provide it to Tri-Board.

\_\_\_\_\_  
Parent/Guardian Signature                      Date

Submit this form to [applications@triboard.ca](mailto:applications@triboard.ca) or to the school for processing

Information on this application form will be used to provide school bus transportation services and may disclosed to authorized personnel.