



Request for Out-Of-Area Transportation

PARENT INFORMATION

Mother/Guardian: _____
 Father/Guardian: _____
 Residence Phone: _____ Business Phone: _____ Cell Phone: _____
 Mailing Address: _____ Town: _____ Postal Code: _____
 Legal Land: _____ 911 Address: _____
 Email: _____ Fax: _____

Student's Last Name	Student's First Name	Gender	Date of Birth	Grade	Current/Previous School	Requested School
		<input type="checkbox"/> F <input type="checkbox"/> M				
		<input type="checkbox"/> F <input type="checkbox"/> M				
		<input type="checkbox"/> F <input type="checkbox"/> M				
		<input type="checkbox"/> F <input type="checkbox"/> M				

Please state the designated school area in which you currently reside: _____

TRANSPORTATION AGREEMENT

I hereby agree to transport my child/children (above) to and from a meeting location determined by the Transportation Department of Chinook's Edge School Division No. 73. I understand that, should routes change, I will be notified of the change of meeting location by the Transportation Department and will thereupon transport my child/children to and from the new meeting location. I understand that should my residence change, I must re-apply for Transportation for my child/children.

Parent/Guardian: _____ Date: _____

PRINCIPAL APPROVAL – EXITING SCHOOL

To be signed by the principal of the school the student is transferring out from within C.E.S.D. (**Note: not applicable if exiting from another school jurisdiction**)

Principal's Signature: _____ Date: _____

PRINCIPAL APPROVAL – RECEIVING SCHOOL

To be signed by the principal of the school the student is transferring in to:

Principal's Signature: _____ Date: _____

Office Use Only:

Signed - Director of Transportation Date

Route No. _____

Driver/Contractor Contacted: _____

The collection of personal information herein is collected pursuant to the provisions of The School Act and its regulations, the Freedom of Information and Protection of Privacy Act (FOIP), and the Vital Statistics Act, as the collection is related directly to and is necessary to the School Board's obligations to provide students with an education program that meets their needs and to provide a safe and secure school environment. All information collected pertaining to students will be kept confidential unless otherwise authorized in writing by the parent or guardian of the student. If you have any concerns regarding the personal information being collected on this form, please contact the Chinook's Edge School Division No. 73 FOIP Coordinator at 403-227-7070 or toll free 1-800-561-9229.