



# Bus Information Change

Transportation Department

Email to:

[transportation@prairiesouth.ca](mailto:transportation@prairiesouth.ca)



Date: \_\_\_\_\_

School \_\_\_\_\_

Change/Delete (circle one)

Name: \_\_\_\_\_ Gr: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Gr: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Gr: \_\_\_\_\_ Contact #: \_\_\_\_\_

Current Bussing Address: \_\_\_\_\_

New Bussing Address: \_\_\_\_\_

Babysitter (circle) Yes or No Babysitter's Phone No. 306-\_\_\_\_\_

Current Driver/Bus Route: \_\_\_\_\_

Start Date Requested: \_\_\_\_\_ (allow minimum of 3-5 business days)

Change Requested: **AM Run** **PM Run** **All Day** (please circle all that apply)

## TRANSPORTATION USE ONLY

**Remove From**

**Add To**

**Pick Up:** \_\_\_\_\_

\_\_\_\_\_

**Drop Off:** \_\_\_\_\_

\_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**School Office Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**Transportation Authorization**

**Date**

\_\_\_\_\_

\_\_\_\_\_