

37 Paul Drive, Moose Jaw Mail to: 1075 9th Avenue NW, Moose Jaw, SK S6H 1V7 P: 306.694.8750 E: transportation@prairiesouth.ca

# Please allow a minimum of 3-5 business days to process requests.

Date:

# BUS SERVICE REQUEST

🔿 Continuation of Service 🔿 New Request 🔿 Change Request 🔿 Removal of Service

School Name:

Parent/Guardian Name 1: Phone:

Parent/Guardian Name 2: Phone:

 *Prekindergarten/Kindergarten:*

Child’s Name: Grade: *🔿AM 🔿PM 🔿Even 🔿Odd*

Child’s Name: Grade: *🔿AM 🔿PM 🔿Even 🔿Odd*

Child’s Name: Grade: *🔿AM 🔿PM 🔿Even 🔿Odd*

***One drop off address and one pick up address only.***

Morning Pick-Up Address: 🔿 Home 🔿 Daycare

Afternoon Drop-Off Address *(if different than AM)*: 🔿 Home 🔿 Daycare

Phone Number if AM/PM Address is Different from Home:

Date Bus Service Requested:

Name of Bus Driver & Route *(if known)*:

Please note any medical conditions the bus driver should be aware of:

Parent/Guardian Signature: School Signature:

**Completed form must be returned to your school.**

**Transportation Use Only**

 **Remove From** **Add To**

**Pick Up:**

**Drop Off:**

**Effective: Signature:**