



Rainy River District Transportation Services Consortium

Student Transportation Information- F11

To ensure safe and efficient transportation, **all fields must be filled in** and submitted to the RRDTS Consortium as soon as possible. If there are any changes, parents need to immediately contact their child's school with revised information.

Student's Given Name: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ School to be Attended: _____ Grade: _____

PICK-UP AND DROP-OFF INFORMATION:

If you require both primary address & alternative address transportation please fill out TWO forms.

Days for which transportation will be needed: M T W T F

Student Will Depart From; Primary Address: <input type="checkbox"/> Alternative Address: <input type="checkbox"/> Courtesy Request: <input type="checkbox"/> (Check one)	
Street Address	Fire #
Town/Township	
Caregiver/Daycare Name/Telephone #	

Days for which transportation will be needed: M T W T F

Student Will Return To; Primary Address: <input type="checkbox"/> Alternative Address: <input type="checkbox"/> Courtesy Request: <input type="checkbox"/> (Check one)	
Street Address	Fire #
Town/Township	
Caregiver/Daycare Name/Telephone #	

Effective Date: (must be filled in)

Signature of Parent/Guardian: (required) _____ Date: _____

	All student transportation details will be faxed to the school by the RRDTS Consortium within 3 business days of receipt of this form.	
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Rainy River District Transportation Services Office use Only:		
Date Received: _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Date Effective: _____