



Rainy River District Transportation Services Consortium Kindergarten Bus Change Request Form - F13

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: _____

Check box to acknowledge the following statement:

I request to have my kindergarten student ride their sibling's bus to/from school. I understand I am still required to be a visible parent and meet the bus both morning and afternoon.

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

Request for Kindergarten Student to Depart From (Provide Sibling Group Stop Location and Sibling Name(s))

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

Request for Kindergarten Student to Return To (Provide Sibling Group Stop Location and Sibling Name(s))

Effective Date: (must be filled in)

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



**Return completed form to the school or via fax 807-275-4975 or email rrdtsc@rrdsb.com
All student transportation details will be faxed to the school by the RRDTS Consortium within 3 business days of receipt of this form.**

Rainy River District Transportation Services Office use Only:

Date Received: _____ Approved Denied Date Effective: _____