



# 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

<b>Student Will Depart From;</b> 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

<b>Student Will Return To;</b> 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: \_\_\_\_\_



**Return completed form to the school or via fax 807-275-4975 or email [rrdtsc@rrdsb.com](mailto: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: \_\_\_\_\_