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: Alternative Address: Courtesy Request: (Check one) |
| Street Address       | Fire #      |
| Town/Township |       |
| Caregiver/DaycareName/Telephone # |       |

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

|  |
| --- |
| **Student Will Return To;** Primary Address: Alternative Address: Courtesy Request: (Check one) |
| Street Address       | Fire #      |
| Town/Township |       |
| Caregiver/DaycareName/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** ****

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**