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/Daycare  Name/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/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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**