

Physical Address: 37 Paul Drive, Moose Jaw SK P 306-694-8750 F 306-692-7787 transportation@prairiesouth.ca

Mailing Address: 1075 9th Avenue NW, Moose Jaw, SK S6H 1V7

# BUS SERVICE REQUEST Please allow a minimum of 3-5 business days to process requests.

Parent/Guardian Name (Mom) (Dad)

Parent/Guardian Home Ph No. (Mom) (Dad)

Parent/Guardian Cell No. (Mom) (Dad)

Parent/Guardian Email Address (Mom)

 (Dad)

Pick up Address Phone No. at pick up address

Drop off address if different from above Ph. No. at drop off

Babysitter (circle) Yes or No AM / PM Babysitter’s Phone No.

Land Description for Rural Requests

Number to call in case of emergency Cell No.

Date of Request Date Bus Service Required

**One drop off address and one pick up address only.**

Driver’s name / Stop

 First and Last Name of Student School to Attend Grade Pupil ID # D.O.B. if Pre-K

Do any of the above children have a medical or physical problem you feel the driver should know about? If so, please list the students name, the physical or medical problem and suggestions to help the driver should a problem arise.

Parent/Guardian Signature**:**

Transportation Approval: Date: