



## Alternate Stop Transportation Request

### PART 1 - Requestor

This form is to request transportation services to a location for the purpose of childcare. The location of the childcare provider must be a current registered stop or collection point where services occur most school days and can be reasonably accommodated on the existing bus service. The schedule must be consistent and predictable. Alterations to the route will not be approved.

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ **Acquired from the School**

Primary Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parents Requesting Stop: \_\_\_\_\_ Contact Number: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Transportation Start Date: \_\_\_\_\_ 20\_\_\_\_

Student still requires busing for their primary address: \_\_\_\_\_ Primary Address Bus Route Number: \_\_\_\_\_

I understand that this form must be completed and submitted annually. I understand that transportation will no longer be provided for my child/children if there is no longer available capacity on the bus, if the alternate stop location is no longer a registered stop or the host family no longer permits the service to their residence. I understand that approval for this service may be rescinded by Prairie Spirit School Division at any time.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

**Kindergarten students must be met at their designated bus stop by an adult. If such arrangements are not possible then the waiver below must be signed. Students not met by an adult without the waiver signed will be returned to their school and parents/ guardians will be responsible for picking the student up at the school.**

#### **WAIVER FOR KINDERGARTEN STUDENTS ONLY**

**Please allow the above kindergarten student to be dropped at the stop without an adult to meet them.**

Parent/ Legal Guardian Signature \_\_\_\_\_

### Part 2 – Host Family

I confirm that I have given approval to the above named family to access bus transportation services to/from our residence. I also acknowledge responsibility for the child when they are delivered to my care at my residence indicated below or associated collection point. I am able to discontinue the service to the family at any time by notifying Prairie Spirit School Division Transportation Department.

Host/Homeowner Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Urban Civic Address: \_\_\_\_\_ Bus Route Number: \_\_\_\_\_

Rural Legal Land Description Address: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - W of \_\_\_\_\_  
(NE,NW,SE,SW) SECTION TOWNSHIP RANGE MERIDIAN

\_\_\_\_\_  
Signature of Host Family

\_\_\_\_\_  
Date

**Please allow up to seven (7) business days to process and possibly longer in August, September & October. Delays will occur if information is not legible and/or incomplete.**

**Please return to [busing@spiritsd.ca](mailto:busing@spiritsd.ca) for further processing.**