



Consenting Stop Transportation Request

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.

Parent/Guardian Requesting Service: _____ Contact Number: _____

Primary Address: _____ Email Address: _____

Student Name: _____ Student Learning ID: _____

Completed by the School

School Attending: _____ Grade: _____ Gender: _____

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 consenting 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 I understand that approval for this service may be rescinded by Prairie Spirit School Division at any time.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: _____

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

Signature of Host Family

Date

Please return form to your school for further processing.