

Joint/Shared Custody Transportation Request

This form is to request transportation services to a location for the purpose of joint/shared custody. This is a secondary address where the student resides with a parent.

Parent Requesting Service:				_ Contact Number:			
Email Address:				Transportation St	20		
Student Name:				Student Learning ID:Completed by the School			
School Attending:							
Urban Civic Address:	(include street a	iddress, town)					
Students not met by an adult school. WAIVER FOR URBAN	Without the Wa	aiver signed will be	s ONLY	school and parents/ g	guardians will be resp	then the waiver below must be signed onsible for picking the student up at the	
Please allow the abo	_			-	t an adult to mee	t them.	
				OR			
Legal Land Description Address (NE, NW,		(NE, NW, SE, S	SW) (Section)	(Township)	(Range)	W of (Meridian)	
NW	NW NE		Please draw your residence and driveway in the appropriate quarter labelling the applicable street, road, highway, or other landmarks. OR Attach a google map pin of showing where your residence is located within the				
sw	SE		quarter you reside in. NOTE: Yard service is not provided for driveways under 200m in length.				
Physical Address: (ind	clude street add	ress, town and/or	subdivision)				
ı	Rural families	Delays will or are responsible fo	ccur if information or transportation	s and possibly longer is not legible and/or until communication i until their child receiv	incomplete. s received from the b	us driver.	
Parent Signature			-		Date		

Please return form to your school for further processing.