RIVER EAST TRANSCONA SCHOOL DIVISION

Registration for School Bus Transportation

This personal information is being collected under the authority of the Public Schools Act and will be used for program purposes. It is protected by the Protection of Privacy provisions of The Freedom of information and Protection of Privacy Act. If you have any questions about the collection, contact the Superintendent of The River East Transcona School Division, 589 Roch Street, Winnipeg, Manitoba, R2K 2P7, Telephone: (204) 667-7130.

Return the completed form to the River East Transcona School Division Transportation Department - 2057 Camsell Avenue, East St.Paul, Manitoba, R2E 1G2. (Principal and parent/guardian signatures required.)

Request For Transportation for School Year: **2013 - 2014**

LAST Name:_____ FIRST Name:_____ MIDDLE Name:_____

Birthdate:_____ Male ☐ Female ☐ Telephone:_____

Home Address:_____ Apt#:_____ Box#, Group#, R.R#:_____

City:_____ Prov:_____ Postal Code:_____

(List in Priority to call) Guardian 1:_____ Telephone:_____

Guardian 2:_____ Telephone:_____

Pick-Up and Drop-Off (if different from above address):_____

Association to Student (babysitter, daycare, etc.)_____ Contact:_____ Telephone:_____

School to Attend:_____ Grade Level:_____ MET Number:_____

Parent/Student Signature:_____ Principal's Signature:_____
(Student Signature if over 18 years)

Date:_____ Date:_____

STUDENTS RECEIVING TRANSPORTATION ARE SUBJECT TO THE RULES AND REGULATIONS GOVERNING BEHAVIOR OF SCHOOL BUSES.

Questions or inquires should be directed to the Transportation Department 669-0202.
Any changes relating to the information shown on this form must be reported to the Transportation Department immediately.

MEDICAL QUESTIONNAIRE- Please complete the following. Specify yes if physician diagnosed.

Life Threatening Allergy	YES	☐	NO	☐	If yes specify:_____
Prescribed an EpiPen	YES	☐	NO	☐	
Asthma	YES	☐	NO	☐	
Bleeding Disorder	YES	☐	NO	☐	
Diabetes	YES	☐	NO	☐	
Heart Condition	YES	☐	NO	☐	
Seizure Disorder	YES	☐	NO	☐	

Other **significant** conditions that are physician diagnosed (i.e. ulcerative colitis, transplants, spina bifida, permanent physical limitations.)

_____

EMERGENCY CONTACT:_____ Telephone:_____

OFFICE USE:

☐ REQUEST APPROVED ☐ REQUEST DENIED Authorized By:_____ Date:_____

PICKUP BUS:_____ TRANSFER TO:_____

TAKE HOME BUS:_____ TRANSFER TO:_____