



1041 – 10A Street
Wainwright, AB T9W 2R4

RURAL BUSSING

_____ SCHOOL YEAR
_____ BUS ROUTE #

Email: transportation@btps.ca

Fax: (780) 842-3255

Phone: (780) 806-2054 or (780) 806-2052

Last Name	First Name	Grade	School	DAYS OF WEEK (M,T,W,TH,F)

Land Location: _____ Distance from Intersection (N/S or E/W): _____

Driveway Exits onto: N/S (Rge Rd) E/W (Twp Rd) Township/Range Road: _____

Subdivision Name: _____ Date Bussing Required: _____

Contact # 1 (Name): _____ Relationship to Child: _____

Contact #1 Primary Phone #: _____ Contact #1 Alternate Phone #: _____

Email Address: _____

Mailing Address: _____

Street # / P.O. Box #

Town

Province

Postal Code

Contact #2 (Name): _____ Relationship to Child: _____

Contact #2 Primary Phone #: _____ Contact #2 Alternate Phone #: _____

If Contact #2 lives at another location, please provide us with that information.

Mailing Address _____

Street (Physical) Address or Land Location: _____

Does your child have any medical, physical, intellectual, behavioral, or emotional needs that our bus contractor/driver should be made aware of before transporting your child(ren)?

YES **NO**

If yes, please give details so we can ensure our bus drivers have this important information to ensure the safety of your child(ren).

FOR OFFICE USE ONLY:

Confirmed Registration at School _____ Faxed/Emailed to School _____

Entered in TLS _____ Trans Code _____ Pass Type _____ Student Listing _____

Gave Parent PU/DO Times or Contractor Phone # _____

Notified Contractor _____

Notified MD/County of New Pick Up

On Route

Off Route _____KM Distance Added/Day _____ (Contractors Initials to approve # of additional KM)

Route #: _____ Stop #: _____ Pick Up Time: _____ a.m. Drop Off Time: _____ p.m.

Contractor Name: _____ Phone: _____

Bus Driver Name: _____ Phone: _____

Requests/Action Taken:

Authorization: _____ Date of Authorization: _____