

2018/2019

SUNRISE SCHOOL DIVISION TRANSPORTATION APPLICATION



STUDENT'S NAME: LAST NAME FIRST NAME
BIRTHDATE: DAY MONTH YEAR
SCHOOL: GRADE:
PROGRAM: ENGLISH / FRENCH / UKR (CIRCLE) GENDER:

5 DIGIT CIVIC (911) OR HOUSE & STREET ADDRESS: (i.e. 12345 Anywhere Rd)

WITH WHOM DOES THE CHILD LIVE? (circle one)
BOTH PARENTS FATHER MOTHER LEGAL GUARDIANS FOSTER PARENTS OTHER:

HOME PHONE #: EMAIL:

MOTHER'S NAME: CELL # WORK #

FATHER'S NAME: CELL # WORK #

SIBLINGS IN SUNRISE SCHOOL DIVISION:
NAME: SCHOOL: GRADE:
NAME: SCHOOL: GRADE:
NAME: SCHOOL: GRADE:

BABYSITTER/DAY CARE INFO: (IF TRANSPORTATION IS FROM THIS LOCATION)
FACILITY NAME: CONTACT:
PHONE #
CIVIC OR HOUSE & STREET ADDRESS:

PLEASE CIRCLE:
TRANSPORTATION REQUESTED: YES or NO
PLEASE INDICATE IF BUSSING REQUESTED FROM: HOME or DAYCARE

If you are unsure; please refer to TRANSPORTATION - WHAT YOU NEED TO KNOW document on our website @ www.sunrisesd.ca or call the Transportation Department at 204-268-2055 or Toll Free at 1-866-824-9545

COMMENTS:

TRANSPORTATION OFFICE USE ONLY:
ELIGIBLE NON-ELIGIBLE SCHOOL OF CHOICE NON-RESIDENT
DATE RECEIVED:
CATCHMENT HOME SCHOOL:
ROUTE #:
P/U TIME:
P/U LOCATION: