



Student Transportation Request Administrative Procedure 7.10A

REQUESTER

E-MAIL COMPLETED FORM TO: transportation@esd.ca

Requested By:		Date of Request:	
Requestor Contact:		School:	

Type of Request:	<input type="checkbox"/> New Student	<input type="checkbox"/> Change of Address
	<input type="checkbox"/> Fee for Service	<input type="checkbox"/> Student Withdrawal

STUDENT DETAILS

Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	
Student Name:		Grade:	

****Edsembli – Ensure student has been added to Edsembli prior to submitting transportation request***

PHYSICAL ADDRESS

Street Number: (Driveway Marker)	
Street Name:	
Nearest Community:	

****A physical address is required to verify transportation requirements. Incomplete addresses will result in processing delays.***

PRIMARY CONTACT

Parent Name:		Phone Number:	
Email:			

PROCESSING TIME: 5 – 10 business days.

TRANSPORTATION USE ONLY

Eligibility: (1.6km or more from nearest school)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No – Allowed
Personal Transportation Plan Required (PTP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shared Custody Arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drop-off Consent Form Completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ROUTING

Assigned Route		Driver:		EFFECTIVE DATE
Stop Location:				
Pickup Time:				