



Form 553-1 Bus Stop Conveyance Form

(Fax completed form to 306-845-3392)

Student Information:

Student Name: _____

School Attending: _____

Grade: _____

Land Location: _____

Phone: _____ Cell: _____

Student Mailing Address: _____

Date Service is Required: _____

Please list any information that the bus driver needs to be aware of such as health issues:

Parent/Guardian Information:

Mother/Guardian

Name: _____

Mailing Address: _____

Phone: _____ Cell: _____ Work Phone: _____

Father/Guardian

Name: _____

Mailing Address: _____

(if different): _____

Phone: _____ Cell: _____ Work Phone: _____

NOTE: Upon approval the transportation department will set up bussing arrangements for the student.
\\MLOL3550VMDC-2\MLO Classes\$\Senior Administration\Groupwork\NWSD Website\AP\FORMS\AP 553-1 Student Route Information Form.doc