

Transportation Department
Turtleford Office
Box 280
Turtleford, SK S0M 2Y0
306-845-2150



Return completed forms to transportation.department@nwsd.ca

MEADOW LAKE PRE K BUS REQUEST

Requested Start Date: _____ (Allow up to 5 school days to start busing)

Primary Parent/Guardian: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Student Name: _____ School: _____ AM Class ___ PM Class ___

Signature of Primary Parent/Guardian: _____

To maintain bus schedules students can have one pick up and one drop off location. Custody is the only exception.

Student requires busing for custody: YES ___ NO ___ ** schedule must be provided to driver**

Parent/Guardian of Second Residence: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Second Residence Address: _____

Signature of Parent/Guardian at Second Residence : _____

Pick Up Location -

Student requires busing from home address: _____

OR

Student requires busing for childcare: YES ___ NO ___

I/we confirm that we have given approval to the above family to access bus transportation to/from our location. I/we also acknowledge responsibility for the child/children and understand that we can retract our responsibilities at any time.

Name of Childcare Provider: _____

Childcare Address: _____

Childcare Phone Number : _____

Drop Off Location -

Student requires busing from home address: _____

OR

Student requires busing for childcare: YES ___ NO ___

I/we confirm that we have given approval to the above family to access bus transportation to/from our location. I/we also acknowledge responsibility for the child/children and understand that we can retract our responsibilities at any time.

Name of Childcare Provider: _____

Childcare Address: _____

Childcare Phone Number : _____

Office Use Only:

Bus Driver: _____ Bus Route: _____

Driver informed: Method: _____ Date: _____