



WETASKIWIN REGIONAL PUBLIC SCHOOLS

“Inspiring students to become the best they can be.”

FORM 16-4

**APPLICATION FOR TRANSPORTATION FOR
LYNN LAUREN EARLY EDUCATION STUDENTS**

SURNAME	GIVEN NAME	GRADE	SCHOOL

MAILING ADDRESS:

E:MAIL ADDRESS:

PICK UP ADDRESS:

DROP OFF ADDRESS:

ALTERNATE ADDRESS:

PARENT/ GUARDIAN:

PHONE:

PARENT/ GUARDIAN:

PHONE:

ALTERNATE ADDRESS NAME:

PHONE:

Does your child have any special requirements for their bussing needs?: PUF or Community

Please select AM or PM class. Please select days attending M T W TH F

**RETURN THIS APPLICATION FOR TRANSPORTATION TO:
WETASKIWIN REGIONAL PUBLIC SCHOOLS TRANSPORTATION OFFICE
5515-47A Avenue, Wetaskiwin, Alberta T9A 3S3**

For further information or clarification, please contact the Transportation Office at (780) 352-6018

Office use only:

ROUTE NO:	BUS DRIVER:	PHONE:	APPROVED:
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Date _____