



HOLY FAMILY ROMAN CATHOLIC  
SEPARATE SCHOOL DIVISION NO. 140

**8011 APPENDIX 2**

**APPLICATION FOR ADDITIONAL  
TRANSPORTATION SERVICES**

Name of Person(s) Making Application: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_

Student Name(s)	Grade	School

Address:	Additional Address: (if necessary)
Parent(s)/Guardian(s)/Caregiver(s):	Parent(s)/Guardian(s)/Caregiver(s):
Current Bus Route:	Location of Current Stop (if known):
Additional Bus Route(s):	Location of Additional Stop(s) (if known):

Detailed reason for request of additional transportation services:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continue on back if necessary)

<b>Parent/Guardian:</b>		
_____	_____	_____
Name (print)	Signature	Date

**In order to be eligible for additional transportation services, you must fill out this form and return it to the school.**

If you have questions about additional transportation services, please contact:

Manager of Transportation and Facilities at Holy Family's Division Office 306-842-0725

Email [ken.larson@holyfamilyrcssd.ca](mailto:ken.larson@holyfamilyrcssd.ca)