



Rainy River District School Board

Student Transportation Information

To ensure safe and efficient transportation, **all fields must be filled in** and submitted to the Transportation Department as soon as possible. If there are any changes, parents need to immediately contact their child's school with revised information.

Student's Given Name: _____ DOB: _____
 Parent/Guardian's Name: _____
 Home Address: _____
 Home Phone: _____ Alternate Phone: _____
 Contact 1: _____ Phone 1: _____ Relationship: _____
 Contact 2: _____ Phone 2: _____ Relationship: _____
 School to be Attended: _____ Grade: _____ Gender: _____

PICK-UP AND DROP-OFF INFORMATION:
Please include the fire # and road names for rural addresses.
MUST list caregiver name and phone number if applicable.

Residence Student Will Depart From	
Street Address	Fire #
Town/Township	
Caregiver/Daycare Name/Telephone #	

Residence Student Will Return To	
Street Address	Fire #
Town/Township	
Caregiver/Daycare Name/Telephone #	

Effective Date: (must be filled in)
 Signature of Parent/Guardian: (required) _____ Date: _____

All student transportation details will be faxed to the school by the Board Office within 3 days of receipt of this form.