



SUNRISE
SCHOOL DIVISION

2019/2020

SUNRISE SCHOOL DIVISION TRANSPORTATION APPLICATION

STUDENT'S NAME: _____
LAST NAME FIRST NAME

BIRTHDATE: _____
DAY MONTH YEAR

SCHOOL: _____ GRADE: _____

PROGRAM: _____ GENDER: _____
{CIRCLE}

5 DIGIT CIVIC (911) OR HOUSE & STREET ADDRESS: _____
(i.e. 12345 Anywhere Rd)

WITH WHOM DOES THE CHILD LIVE? (circle one)
BOTH PARENTS FATHER MOTHER LEGAL GUARDIANS FOSTER PARENTS OTHER: _____

HOME PHONE#: _____ EM AIL: _____

MOTHER'S NAME: _____ CELL# _____ WORK# _____

FATHER'S NAME: _____ CELL# _____ WORK# _____

SIBLINGS IN SUNRISE SCHOOL DIVISION:
NAME: _____ SCHOOL: _____ GRADE: _____
NAME: _____ SCHOOL: _____ GRADE: _____
NAME: _____ SCHOOL: _____ GRADE: _____

BABYSITTER/DAY CARE INFO: (IF TRANSPORTATION IS FROM THIS LOCATION)
FACILITY NAME: _____ CONTACT: _____
PHONE# _____
CIVIC OR HOUSE & STREET ADDRESS _____

PLEASE CIRCLE:
TRANSPORTATION REQUESTED: YES or NO
PLEASE INDICATE IF BUSSING REQUESTED FROM: HOME or DAYCARE

if you are unsure; please refer to TRANSPORTATION - WHAT YOU NEED TO KNOW document on our website @ www.sunrisesd.ca or call the Transportation Department at 204-268-2055 or Toll Free at 1-866-824-9545

COMMENTS: _____

TRANSPORTATION OFFICE USE ONLY:
Q ELIGIBLE DATE RECEIVED:
Q NON-ELIGIBLE
Q SCHOOL OF CHOICE CATCHMENT HOME SCHOOL: ROUTE #:
Q NON-RESIDENT P/U TIME:
P/U LOCATION: