



1041-10A Street  
Wainwright, Alberta T9W 2R4

Director of Transportation (780) 806-2051  
Transportation Dept. Phone (780) 806-2052 or (780) 806-2054  
Fax: (780) 842-3255 Email: [transportation@btps.ca](mailto:transportation@btps.ca)

### TRANSPORTATION SERVICE AREA BOUNDARY EXEMPTION REQUEST

Request:  Present School Year \_\_\_\_\_  New Request  
 Upcoming School Year \_\_\_\_\_  Extension of Previous Request

Parent/Guardian Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
Box/Street Town Province Postal Code  
 Legal Land Description/Physical (Street) Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 School of Choice (Current): \_\_\_\_\_ Designated School (Closest): \_\_\_\_\_  
 Distance to School of Choice: \_\_\_\_\_ Distance to Designated School: \_\_\_\_\_

Last Name	First Name	Grade	School	DAYS OF WEEK (M,T,W,TH,F)

Reason for Transportation Request:  
\_\_\_\_\_  
\_\_\_\_\_

**THE PARENT(S)/GUARDIAN(S) IS RESPONSIBLE FOR THE TRANSPORTATION OF THE ABOVE NAMED STUDENT(S) (PLEASE REFER TO 701.8AP BOUNDARY EXEMPTION RESIDENT STUDENTS ADMIN PROCEDURES).**

I, the undersigned, would like to access transportation services with the Buffalo Trail Public Schools Regional Division No. 28 for the above noted student(s). It is understood that students seeking boundary exemption are the responsibility of the parent(s)/guardian(s). The Board may make school bus service available to a school of choice for eligible students:

- 1.1 They have been accepted and registered at the school of choice. Student Education Services and Student Transportation Services Departments have been consulted.
- 1.2 Providing there is space available on the bus.
- 1.3 If space becomes an issue, then privileges will be revoked.
- 1.4 Providing there is no diversion from regular routing, and the pickup and drop off are at a designated safe spot on route, as determined by the Director of Transportation.
- 1.5 Parents are to inform the driver when children are not riding the bus and are on time for pick up & drop off.
- 1.6 Ineligible students have paid the required fee. **\$285.00/child or \$570.00/family (2+ children)**

Student placement will be made on a first come first serve basis although preference will be given to previous users after all eligible students for that transportation service area have been assigned seating. **Failure to meet the bus at the scheduled time or location may result in the loss of privileges. This form/request is to be completed annually. All students are subject to [701.7AP](#) and must follow the rules and regulations of the school bus.**

Requesting Transportation from Residence      Requesting to Meet Existing Bus on Route

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
By typing your full name in to the digital signature field and checking the box you are signing your name to approve the terms above.

Fee Required:    Yes    No (Distance to Designated (Closest) School is less than 2.4 km)    \_\_\_\_\_ km Distance

**FOR OFFICE USE ONLY:**

Confirmed Registration at School  \_\_\_\_\_ Faxed/Emailed to School  \_\_\_\_\_

Entered in TLS  \_\_\_\_\_ Trans Code  \_\_\_\_\_ Travel Code/Pass Type  \_\_\_\_\_

Student Listing  \_\_\_\_\_ Entered into Fee Spreadsheet  \_\_\_\_\_

Gave Parent PU/DO Times or Contractor Phone #  \_\_\_\_\_

Notified Contractor  \_\_\_\_\_

Notified MD/County of New Pick Up

On Route

Off Route  \_\_\_\_\_ KM Distance Added/Day \_\_\_\_\_ (Contractors Initials to approve # of additional KM)

Route #: \_\_\_\_\_ Location of Stop Where Meeting Bus: \_\_\_\_\_

Stop #: \_\_\_\_\_ Stop Address: \_\_\_\_\_

Start Date: \_\_\_\_\_

Pick Up Time: \_\_\_\_\_ a.m. Drop Off Time: \_\_\_\_\_ p.m.

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Bus Driver Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Fee Collected:** \_\_\_\_\_ **Received:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_  
Amount Date

Requests/Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Meeting Bus on Route – Requires Director of Transportation Approval

Approved  Denied \_\_\_\_\_ Director of Transportation \_\_\_\_\_  
Date

Request to go off route to pick up at residence (Appeal) – Requires Board Approval

**For Appeals and Off Route Requests Only:**

Approved  Denied \_\_\_\_\_ Board of Trustees (Motion #)

Date of Authorization: \_\_\_\_\_