

1041-10A Street Wainwright, Alberta T9W 2R4 Director of Transportation (780) 806-2051 Fax: (780) 842-3255

Parent(s)/Guardian(s) Signature:

Transportation Phone (780) 806-2052 or (780) 806-2054

Date: _____

Email: transportation@btps.ca

CROSS JURISDICTIONAL (NON-RESIDENT) BOUNDARY EXEMPTION REQUEST

Request: Present Scr Upcoming		New RequestExtension for	Previous Request		
Parent/Guardian Name(s): _ Mailing Address: Box/Str Legal Land Description/Phys	eet Town		Province	Postal Code	
Email Address: School of Choice (Current): Distance to School of Choic	Email Address: Phone: ()				
Last Name	First Name	Grade	School	DAYS OF WEEK (M,T,W,TH,F)	
Transportation Services 1.2 Providing there is space 1.3 If space becomes an is 1.4 BTPS has a bus in the ar off are at a designated 1.5 Parents have received 1.6 Parents have received 1.7 Parents have received 1.5 Parents are to inform the	ess transportation services wents seeking cross jurisdiction d may make school bus services between the school bus services and registered at the school bus services, and registered at the school bus services will be received and registered as determined as the school bus services are a first come first serve basis con service area have been as	cedures). ith The Buffalo Tro (non-resident) be ce available to a hool of choice. S nsulted. voked. e non-resident stu mined by the Dire Board. g Board. ting Board. ot riding the bus of although preferer sssigned seating.	ail School Division for coundary exemption school of choice for school of the school o	or the above noted in are the responsibility of for non-resident students: Services and Student and the pickup and drop tion. Tripick up and drop off. Children) To previous users after all timelines for requesting	
have to meet the bus on route. This form/request is to be completed annually. All students are subject to 701.7AP. Requesting Transportation from Residence Requesting to Meet Existing Bus on Route					

FOR OFFICE USE ONLY:

Confirmed Registration at School		Faxed/Emailed to School 🗆				
Entered in TLS Trans C	Code 🗆	Travel Code/Pass Type				
Student Listing Entered into Fee Spreadsheet						
Gave Parent PU/DO Times or Contra	ctor Phone # 🗆					
Notified Contractor						
Notified MD/County of New Pick Up On Route Off Route KM Distance Add		Contractors Initials to approve # of additional KM)				
Route #: Location of Stop Where Meeting Bus:						
Stop #: Sto	op Address:					
Start Date:						
Pick Up Time: a.m.						
Contractor Name:		Phone:				
Bus Driver Name:		Phone:				
Fee Collected: Re	ceived:					
Requests/Action Taken:						
Meeting Bus on Route:						
☐ Approved ☐ Denied	Director (of Transportation Date				
Transportation Requested From Re	esidence:					
Resident Board Approval Receive	ed 🗆 Yes 🗆	NoDate				
Attending Board Approval Receiv	ved □ Yes□	No Date				
Transporting Board (BTPS) Approv	ed 🗆 Yes 🗆	No Date				
BTPS Board Motion #:						