



27 North Industrial Drive
Box 1262
Prince Albert SK S6V 5S3
Phone: 306-763-6090

**Bus service will begin two
business days after request
is approved**
This form must be returned to
the school for processing



**PRINCE ALBERT
CATHOLIC SCHOOL DIVISION**
Learning for life through Catholic Education

118 – 11th Street East
Prince Albert, SK S6V 1A1
Phone: 306-953-7500 Fax: 306-763-1723
Email: info@pacsd.ca www.pacsd.ca

Request for Bus Service – Prekindergarten & Kindergarten

School Year: ☐ 2025-2026 ☐ 2026-2027 School: _____

Date: _____ Emailed: _____ Student's MSS Pupil Number: _____

Anticipated Start Date: _____ Program: ☐ PK ☐ K ☐ M/W/F
Month Day Year ☐ T/TH/F

Please note:

Prekindergarten children must be over 30 lbs. and if the child is not toilet trained, they will need to wear a pull-up while on the bus. Transportation may be requested for 4-year-old Prekindergarten students who are living in the rural attendance area. Prekindergarten transportation is determined on an individual basis. Also, pick-up and drop-off locations must be **within the school boundary attendance area**. It is the expectation that a parent/guardian escort the child to the bus and be present when the child is dropped off.

Student Information:

Last Name

First Name

Sex (M/F/U)
(Male/Female/Unspecified)

Student's Home Address

Parent/Guardian Name: _____

Home Phone No: _____ Cell Phone No: _____

Work Phone No: _____

Parent/Guardian Name: _____

Home Phone No: _____ Cell Phone No: _____

Work Phone No: _____

Emergency Contact Information:

Last Name

First Name

Home Phone No: _____ Cell Phone No: _____

For awareness purposes, please provide any:

Medical Conditions: _____

Allergies: _____

Please complete the following information for drop off and pick up locations. Please indicate the daily pick up and drop off addresses. Also, note these locations must be **within the school boundary attendance area**.

Names of Older Siblings that ride the bus: _____

Regular address for morning bus pick-up: Please Check if same as PM Drop-off ☐

Contact Name: _____ Contact Phone No: _____

Please circle days of pick up at this address: M T W TH F

Other: _____

Alternate Regular address for morning bus pick-up (if needed): Please Check if same as PM Drop-off ☐

Contact Name: _____ Contact Phone No: _____

Please circle days of pick up at this address: M T W TH F

Other: _____

Regular address for afternoon drop-off:

Contact Name: _____ Contact Phone No: _____

Please circle days of drop off at this address: M T W TH F

Other: _____

Alternate Regular address for afternoon drop-off (if needed):

Contact Name: _____ Contact Phone No: _____

Please circle days of drop off at this address: M T W TH F

Other: _____

Yes, I have read the School Bus Protocol for bus transportation services and I will review this with my child/children. I understand that bus protocol must be followed in order to ride the bus.

Yes, I will notify the school if changes are required to the information provided above. All changes must made by the parent/guardian at the school office.

I understand that I must be at the bus stop location when the child is picked up and dropped off.

Date

Parent/Guardian Signature

All transportation services within the school attendance area must be approved by the Principal/Designate.

Date

Principal Signature

For First Student Bus only:

Bus Driver's Name: _____

Date: _____

Route: _____