



Siksika Board of Education

REQUEST FOR TRANSPORTATION SERVICES

SIKSIKA BOARD OF EDUCATION

Box 1099 Siksika, Alberta T0J 3W0

Phone: 403-734-4028 Fax: 403-734-2505 Toll free: 1-855-570-2685

www.siksikaed.com

School Requesting Transportation to: _____

Start Date: _____

NEW ☐ or TRANSFERRING ☐

STUDENT INFORMATION		
Legal Last Name:	Legal First & Middle Name:	
Preferred Name (if applicable):	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
Any medical conditions or allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:		
PHYSICAL ADDRESS		
Map Number:	House Number:	Area/Community:
PARENT/LEGAL GUARDIAN INFORMATION		
Mother/Father Names OR Guardian/Caregiver's Name:		Email Address:
Cell Numbers:		Work Numbers:
ALTERNATE RESIDENCE PICKUP (Approval required)		
Alternate Resident's Name:	Map Number:	Area/Community:
Relationship to Student:	House Number:	
Contact Number:		
Information regarding alternate pick-up/drop-off arrangements:		
EMERGENCY CONTACTS		
PLEASE PROVIDE 1 – 2 DIFFERENT CONTACTS OTHER THAN PARENT/GUARDIANS		
Emergency Contact #1	Emergency Contact #2	
Name:	Name:	
Contact Number:	Contact Number:	

Parent/Guardian

Date

SBE Transportation Supervisor

Date

Office Use Only		<i>Date Created: March 31, 2025</i>	
<i>Date submitted to SBE Office:</i>		<i>Received By:</i>	
<i>Bus Driver Name:</i>		<i>Bus Driver's Phone Number:</i>	
<i>Pick-up Time:</i>		<i>Drop-off Time:</i>	

Please forward Request for Transportation Services form to:

transportation@sboe.ca

If you have any questions about this form, please see FAQ page at siksikaed.com or email inquires to studentregistrations@sboe.ca

Note: This information will be **confidential** and used for SBE administration purposes only