



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: _____

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:	Does your child require special needs transportation? (ON-RESERVE only) Yes <input type="checkbox"/> No <input type="checkbox"/>

PHYSICAL ADDRESS		
Map Number:	House Number:	Area/Community:

PARENT/LEGAL GUARDIAN INFORMATION
Mother & Father Names: Or Guardian/Caregiver's Name (if applicable): Phone Number(s):

EMERGENCY CONTACTS	
PLEASE PROVIDE 1 – 2 DIFFERENT CONTACTS OTHER THAN PARENT/GUARDIANS	
Emergency Contact #1 Name: Contact Number:	Emergency Contact #2 Name: Contact Number:

ADDITIONAL INFORMATION:
<i>If alternate pick-up/drop-off is needed, such as relative or daycare, APPROVAL IS REQUIRED</i>

Parent/Guardian

Date

SBE Transportation Supervisor

Date

Please email form to transportation@sboe.ca

Office Use Only	Date Created: March 4, 2026
Bus Driver Name:	Bus Driver's Phone Number:

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