



**IMMANUEL CHRISTIAN SCHOOLS**  
 Society Office  
 802 - 6 Ave N, Lethbridge, AB T1H 0S1  
 PHONE: 403-327-4223  
 EMAIL: business@immanuelcs.ca  
 www.societyforchristianeducation.org

*Transportation is not available in all areas. Routes are revised prior to the start of each year based on submitted applications. All arrangements will be confirmed by the Society Office. No transportation for EEP students.*

**Transportation Application**  
 (Please print clearly)

**FATHER'S NAME:** \_\_\_\_\_ **MOTHER'S NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ (Street / Box #) \_\_\_\_\_ (City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code)

**PHONE (H):** \_\_\_\_\_ **PHONE(C):** (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

**WORK #:** (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

**Email Address:** (Father) \_\_\_\_\_  
 (Mother) \_\_\_\_\_

Please check which one is primary email

Your accurate contact information is imperative. Please ensure that any future changes to addresses and phone numbers (including cell phones) are provided to the Transportation Coordinator immediately at [transportation@immanuelcs.ca](mailto:transportation@immanuelcs.ca).

Please include home address and/or blue sign /911 address/TWP/RR info (for rural addresses).

Student 1:	School:	Service Required:
<b>Name:</b>	Grade: _____	<input type="checkbox"/> Full-time
<b>Pick-up Address:</b>	<input type="checkbox"/> ICES	<input type="checkbox"/> Kindergarten Only
<b>Drop-off Address:</b>	<input type="checkbox"/> ICSS	<input type="checkbox"/> Transfer Bus Only
Any medical or behaviour concerns:		

Student 2:	School:	Service Required:
<b>Name:</b>	Grade: _____	<input type="checkbox"/> Full-time
<b>Pick-up Address:</b>	<input type="checkbox"/> ICES	<input type="checkbox"/> Kindergarten Only
<b>Drop-off Address:</b>	<input type="checkbox"/> ICSS	<input type="checkbox"/> Transfer Bus Only
Any medical or behaviour concerns:		

**\* See back to enter information for additional students**

I hereby certify that I have read, understand and agree with the terms and guidelines for Transportation Services of the Society for Christian Education in Southern Alberta (SCESA), as outlined in the *Important Information For School Bus Families, School Bus Safety Rules and School Fee Schedule* ([societyforchristianeducation.org](http://www.societyforchristianeducation.org)). I understand that failure to comply with these terms and guidelines may result, at the discretion of the SCESA, in the termination of this agreement for transportation services.

**PARENT/GUARDIAN SIGNATURE(S)**

**DATE**

<b>Student 3:</b>	<b>School:</b>	<b>Service Required:</b>
<b>Name:</b>	Grade: _____	<input type="checkbox"/> Full-time
<b>Pick-up Address:</b>	<input type="checkbox"/> ICES	<input type="checkbox"/> Kindergarten Only
<b>Drop-off Address:</b>	<input type="checkbox"/> ICSS	<input type="checkbox"/> Transfer Bus Only
Any medical or behaviour concerns:		

<b>Student 4:</b>	<b>School:</b>	<b>Service Required:</b>
<b>Name:</b>	Grade: _____	<input type="checkbox"/> Full-time
<b>Pick-up Address:</b>	<input type="checkbox"/> ICES	<input type="checkbox"/> Kindergarten Only
<b>Drop-off Address:</b>	<input type="checkbox"/> ICSS	<input type="checkbox"/> Transfer Bus Only
Any medical or behaviour concerns:		

<b>Student 5:</b>	<b>School:</b>	<b>Service Required:</b>
<b>Name:</b>	Grade: _____	<input type="checkbox"/> Full-time
<b>Pick-up Address:</b>	<input type="checkbox"/> ICES	<input type="checkbox"/> Kindergarten Only
<b>Drop-off Address:</b>	<input type="checkbox"/> ICSS	<input type="checkbox"/> Transfer Bus Only
Any medical or behaviour concerns:		

<b>ADDITIONAL COMMENTS:</b>