|  |
| --- |
| Name: |
| Student(s) Name: |
| School(s) Attending: |
| Phone Number: |
| Email Address: |

**Please ✓ issues or concerns from the list below:**

|  |  |  |
| --- | --- | --- |
| Stop Location | Routing of Scheduling | Driver Concerns |
| Student Conduct | Safety Issue | Other |

**Please outline below in as much detail as possible: (use back of form, if necessary)**

|  |
| --- |
|  |

Please return by: Mail: Rocky View Schools Fax: 403-945-4001

Transportation Department

2651 Chinook Winds Drive Email: [transportation@rockyview.ab.ca](mailto:transportation@rockyview.ab.ca)

Airdrie, AB T4B 0B4

**A written response will follow.**

For Office Use Only

|  |  |
| --- | --- |
| Date Received: | |
| Action Taken: | |
|  | |
|  | |
| Date Completed: | Date Reviewed: |

*Reference:*

* AP5500 Student Transportation Services