|  |
| --- |
| 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

 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