



Registration for School Bus Transportation

FORM A

COMPLETE PART A and B

Date: _____

Return the completed form to your class teacher or the Principal.

PART A – PLEASE PRINT

	POSTAL CODE

Student Name (Last name first)
Mailing Address
City - Code

PART B – Should be completed by Junior and Senior High students.
– Parents should complete Part B for K-6 students.

School Bus transportation is requested for _____
NAME OF STUDENT

Living at _____ Phone No. _____
STREET ADDRESS

_____ Phone No. _____
BABY-SITTER ADDRESS (if applicable)

To attend _____ School for Grade _____
K AM Student
K PM Number _____

STUDENTS RECEIVING TRANSPORTATION ARE SUBJECT TO THE RULES AND REGULATIONS GOVERNING BEHAVIOUR ON SCHOOL BUSES.

PARENT/STUDENT SIGNATURE

CHECK APPROPRIATE BOX BELOW

- Student Attending Regular Academic Program
- Student Attending Vocational Program
Vocation: _____
Time: _____
- Student Attending French Immersion Program
- Student Attending German Bilingual Program
- Student Attending I.B. Program
- Student Attending Ukrainian Bilingual Program
- Student Attending English Second Language

PRINCIPAL'S SIGNATURE

Questions or inquiries should be directed to the Transportation Department **669-0202**.

Students Please Note: Any changes relating to the information shown on this form must be reported to the Transportation Department immediately at 669-0202.

Relevant Medical Information - Please check if your child has any conditions that could require intervention during transportation.

- Life threatening allergy to _____
- Diabetes
- Seizure disorder
- Other – please indicate _____

For Department Use only:

REQUEST APPROVED _____

REQUEST DENIED _____

PICK UP BUS _____

TRANSFER TO _____

TAKE HOME BUS _____

TRANSFER TO _____