

Fax: (306) 786-4791

Complete this form if student is a new registrant or if the pick up / drop off location has changed and submit to school office.

Rural School Bus Student Registration Form

Student Name (First a	nd Last)	Age	Grade	School
Name of Parent(s)/Guard	lian (including surname if different)	I		
		Work		
Email:	Mailing Add	ailing Address:		
Is there a custody order Alternate Drop-off Poin	○ Both Parents ○ Mother ○ r in place? □ Yes □ No at, <u>on current route</u> , and Telephon or other concerns of which the d	ne Number (I	n case of eme	ergency):
listing in case of emerge	ING THE SCHOOL YEAR, TRA	No I <i>NSPORATI</i>	ON WILL BI	E ARRANGED
	<u>WITHIN 3 BUSINESS DAYS U</u>	PON RECEI	<u>PT OF THIS</u>	<u>S FORM</u>
Parent Signature		<u> </u>	Date	
PLEA	ASE FAX THIS FORM TO: Tra	insportation]	Department	(306) 786-4791
	FOR OFFIC	CE USE ONLY		
Bus Driver:		1	Bus No.:	
Transportation Arra	anged on:			
	Parent Contacted		Bus Driver C	Contacted