



STUDENT BUS REGISTRATION / CHANGE FORM

Parents/Guardian Name (printed): _____

Students Name	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(please fill out a second form if you have more than four (4) children to register)

Current Physical address _____

Previous Route # /stop name _____
(if changing routes) _____

Home Phone : _____	Work Phone : _____
Cell Phone : _____	Email : _____
Emergency Contact : _____	Phone : _____

Medical Alerts : _____

Note: Changes will take, at a minimum, 7 days to process. Households will be notified when changes are approved as well as when they take effect.

Parent/Guardian Signature : _____ Date : _____

OFFICE USE ONLY

Driver's name : _____	Driver's name : _____
Route # / colour _____	Route # / colour _____
Stop name _____	Stop name _____
AM pick-up time _____	PM pick-up time _____

Driver's name : _____	Driver's name : _____
Route # / colour _____	Route # / colour _____
Stop name _____	Stop name _____
AM pick-up time _____	PM pick-up time _____