



Rural School Bus Student Registration Form

<u>Student Name (First and Last)</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>

Full Name of Parent(s) /Guardian _____

Phone: Home _____ **Cell** _____ **Cell** _____

Mailing Address: _____

***Legal land description/Street address:** _____

Email address(es): _____

Student(s) living with: Both Parents Mother Father Guardian Foster Care
Is there a custody order in place? Yes No

***Please list any health or other concerns of which the driver should be aware:** _____

**DURING THE SCHOOL YEAR, TRANSPORTION WILL BE ARRANGED
WITHIN 3 BUSINESS DAYS UPON RECEIPT OF THIS FORM**

_____ **Parent Signature**

_____ **Date**

_____ **Requested Date for Bussing**

Transportation Department Contact Information:
Phone: (306) 786-5505, Email: Transportation@gssd.ca, Fax: (306) 786-4791

FOR OFFICE USE ONLY

Bus Driver: _____ **Transportation Arranged on:** _____

Parent Contacted

Bus Driver Contacted