



Urban School Bus Student Registration Form

Student Name (First and Last)	Age	Grade	School

Full Name of Parent(s) /Guardian _____

Phone: Home _____ Cell _____ Cell _____

Street & Mailing 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