

THE BOARD OF EDUCATION OF THE GOOD SPIRIT SCHOOL DIVISION NO. 204 Good Spirit Education Complex | 5B Schrader Drive | PO Box 1730 | Yorkton, SK S3N 3L4

Phn: 306.786.5500 | Fax: 306.783.0355 | Toll Free Phn: 1.866.390.0773 Email: info@gssd.ca | Website: http://gssd.ca

Urban School Bus Student Registration Form

Student Name (First and La	ist)	Age	Grade	School	
Full Name of Parent(s) / Gua	ardian				
Phone: Home	Cell		C	e11	
Street & Mailing address:					
Email address(es):					
, ,					
Student(s) living with: OB			ther OG	uardian O Foster Ca	re
Is there a custody order in pla	ace? 🛘 Yes 🔟 No)			
*Please list any health or otl	ner concerns of whic	h the drive	er should b	e aware:	
- 10400 1100 Willy 11041011 01 04				<u> </u>	
	SCHOOL YEAR, TR 3 BUSINESS DAYS V				
WITHIN	O DOSHVESS DATE	DI OIV REC	EH I OF I	<u>IIIO P O RUI</u>	
Parent Signature	 Date			Requested Date for Bu	ssing
Transportation Department Phone: (306) 786-5505, Ema			ax: (306) 78	6-4791	
FOR OFFICE USE ONLY					
Bus Driver:	Transportation Arranged on:				
Parent Contacted [Bus	Driver C	ontacted		