

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 I	Last)	Age	Grade	School	
Full Name of Parent(s) /G	uardian				
Phone: Home	Cell		C	ell	
Street & Mailing address:					
Email address(es):					
Student(s) living with: O			ther OG	uardian O Foster Care	
Is there a custody order in p	place? 🖾 Yes 🖾 N	0			
*Please list any health or o	other concerns of whi	ch the drive	er should b	e aware:	
DURING TH	E SCHOOL YEAR, TH	RANSPORT	TION WILL	BE ARRANGED	
	N 3 BUSINESS DAYS				
Parent Signature	Date			Requested Date for Bussing	
Transportation Departmen Phone: (306) 786-5505, Em			ax: (306) 78	86-4791	
FOR OFFICE USE ONLY					
Bus Driver:	Driver: Transportation Arranged on:				
Parent Contacted	arent Contacted Bus Driver Contacted				