

63 King Street East, Yorkton, Sask. S3N 0T7 Toll free: 1-877-390-0899 Phone: (306) 786-5505

Fax: (306) 786-4791

Complete this form if student is a new registrant or if the pick up / drop off location has changed and submit to school office.

## **Urban School Bus Student Registration Form**

Student Name (First and Last)		Age	Grade	School	
Name of Parent/Guardian (including surnam	e if different)				
Phone: Home	Cell		Worl	ζ	
Email:	Street Address:				
Student(s) is living with: O Both Parents  Is there a custody order in place?  Yes  Alternate Drop-off Point, on route, and  *Please list any health or other concer-	□ No Telephone Number (	In case of e	mergency):	er Care	
<u>PLEASE RETUR</u>	RN THIS COMPLET	ED FORM	TO YOUR	<u>SCHOOL</u>	
Parent Signature			Date		
SCHOOLS PLEASE FAX	THIS FORM TO: T	-	-	, ,	
FOR OFFICE USE ONLY					
Bus Driver:		Bu	ıs No.:		
Transportation Arranged on:					
Parent Contacted		Bu	Bus Driver Contacted		