



School Bus Registration

Please note: If you are having trouble with this form, please download and open it with Acrobat Reader.

If you know your route number enter it here: _____

Name: _____ Gender: _____

Street Address: _____ Birthdate: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone (H): _____ Phone (W): _____ Phone (C): _____

Emergency Contact Name: _____ Phone: _____

School Attending: _____ Grade: _____

Important medical Information: (if any applicable): _____

STUDENTS MUST BE REGISTERED TO RIDE THE BUS

Please email completed form to schoolbus@sd78.bc.ca

ROUTE INFORMATION (OFFICE USE ONLY)

Route Number: _____

AM Stop ID#: _____

Pick Up Time: _____

PM Stop ID#: _____

Drop Off Time: _____

Stop Description: _____