

SCHOOL DISTRICT 78
FRASER - CASCADE
EVERONE PULLING TOGETHER



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

PLEASE SUBMIT ONE FORM PER CHILD

Please note: Food is not permitted on the bus. Please arrive at your stop 3 minutes prior to pick-up

DATE: _____

PLEASE PRINT CLEARLY

If you know your route number, enter it here: _____

Name: _____

Gender: _____

Street Address: _____

Birthdate: _____

Mailing Address: _____

City: _____

Postal Code: _____

Parent Name: _____

Ph (H): _____ Ph (C): _____ Ph (W): _____

Emergency Contact Name: _____ Phone: _____

School Attending: _____ Grade: _____

Important Medical Information: _____

STUDENTS MUST BE REGISTERED TO RIDE THE BUS

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

ROUTE INFORMATION (OFFICE USE ONLY)

Route Number: _____

Pick-up Time: _____

Drop-off Time: _____

Stop Description: _____

SCHOOL DISTRICT 78
FRASER-CASCADE

7700R



EVERONE PULLING TOGETHER
SCHOOL DISTRICT NO. 78 (Fraser-Cascade)
650 Kawkawa Lake Road
Hope, BC V0X 1L4
Ph: 604-869-2411 Fax: 604-869-7400

COURTESY RIDER APPLICATION FORM

School Year _____

PLEASE SUBMIT ONE FORM PER CHILD

Please note: Food is not permitted on the bus. Please arrive at your stop 3 minutes prior to pick-up

STUDENT'S NAME: _____

(Legal First Name)

(Legal Last Name)

(Usual First Name)

(Usual Last Name)

SCHOOL: _____ GRADE: _____

PHYSICAL ADDRESS (from which student requires bus transportation): _____

Town: _____

CONTACT TELEPHONE NUMBER: _____

CLOSEST BUS STOP (if known) _____

I have read and understand the rules regarding courtesy busing. (See SD78 Policy 7700R)

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

The Director of Facilities and Transportation, on a first-come, first-served basis, will approve courtesy rider requests after the Courtesy Request Form has been completed. Courtesy rider applications must be renewed each year by August 15th. New courtesy rider applications will be reviewed after September 30th, of each year.

For Office Use Only:

Approved: Y N Bus Route _____ Pick-up Time _____
Drop-off Time _____

Comments: _____

The information on the form is collected under the authority of the **School Act** Sections 13 and 79. The information provided will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outlined in Section 79 (1b) of the **School Act**. If you have any questions about the collection or concerns about the use of this information, please contact your school principal or the Information and Privacy Coordinator (Ph: 604-869-2411).