

Student Transportation Registration Form 2020 - 2021 School Year

PLEASE RETURN THIS FORM PROMPTLY TO YOUR SCHOOL or email to: transportation@ngps.ca

Dear Parents:

Please complete one of these forms for **each of your children that are new to the school or are changing school and riding school buses** operated by the Northern Gateway Regional Division No.10. Upon completion, please return the form(s) to your school or to the email address above. Please make sure the legal description of your residence is correct, as this information is necessary for routing the buses. <u>Proof of address is required with bus registration form</u>, ie: utility bill, property tax notice, rental agreement. Students who are not registered will **not** receive bus service.

PLEASE PRINT CLEARLY				
NAME OF PUPIL:	SCHOOL		GRADE	Gender
ADDRESS:	(Apt No) BIRTHDATE:			
ADDRESS:	(Street)			
Rural Address sign number:				
Sub-Division Name	Lot #			
P. O. Box				
Town Pe	ostal Code			
Home Contact Name:	Home	Phone No.		
Work Contact Name:	Work Phone No.			
Emergency Contact Name: Emergency Phone No				
PERTINENT MEDICAL INFORMATION REGARDING YOUR CHILD:				
Printed Name of Parent or Guardian		Signal	ture of Parent or	Guardian
Date	Sta	arting Date (am/p	pm)	
(Office Use Only)				
		Pick-up Point		
Eligible (n/y) Amount Paid	Pick-u	p time:	Drop-off Tin	ne:
Paid By: Cash Cheque Visa				
Date Moved in	Date Moved Out _		_ Pass No_	