

Holy Family R.C.S.S.D. No. 140

BUS REGISTRATION FORM

Parent (s): _____

Home Address: _____

Phone: _____

Student's Name	Grade	School

AM Pick Up Address: Same as Above

Or _____

Reason for different pick up: _____

PM Drop Off Address: Same as Above

Or _____

Reason for different drop off: _____

Emergency Contact: _____

Emergency Phone Number: _____

In order to be eligible for transportation, you must fill out this form and return it to the school. If you have any questions, please feel free to contact Ken Larson, Manager of Transportation and Facilities at Holy Family's Central Office 306-842-7025 or Email: ken.larson@holyfamilyrcssd.ca. Thank you.
