



Northern Gateway
Public Schools

Student Transportation Registration Form
2019 to 2020 School Year

Box 699 - Valleyview, Alberta T0H 3N0
524-3833 or 1-888-785-3396
Fax 780-524-4256

PLEASE RETURN THIS FORM PROMPTLY TO YOUR SCHOOL
or to the address above

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 the address above, or return them to your school who will submit them to the Transportation Office. Please make sure the legal description of your residence is correct, as this information is needed for routing the buses. Students who are not registered will **not** receive bus service.

PLEASE PRINT

NAME OF PUPIL: _____ SCHOOL _____ GRADE _____ Gender _____

ADDRESS: _____ (Apt No)

ADDRESS: _____ (Street)

LAND LOCATION (rural): Rural Address sign number: _____

NE NW SE SW Sec. _____ Twp. _____ Rge. _____ **W5**

Sub. Div. _____ Lot _____ Blk. _____ Plan _____

P. O. Box _____

Town _____ Postal 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

Signature of Parent or Guardian

Date

Starting Date (am/pm)

(Office Use Only)

BUS NO. _____ Driver _____ Pick-up Point _____

Eligible (n/y) _____ Amount Paid _____ Pick-up time: _____ Drop-off Time: _____

Paid By: Cash Cheque Visa

Date Moved in _____ Date Moved Out _____ Pass No _____