



HOLY FAMILY ROMAN CATHOLIC
SEPARATE SCHOOL DIVISION NO. 140

8011 APPENDIX 1
BUS REGISTRATION FORM

Parent(s)/Guardian(s): _____

Home Address: _____

Phone: _____

Student Name(s)	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: _____ Phone Number: _____

- Parent(s)/guardian(s) have reviewed and agree to comply with:
[OP 8023 Parent\(s\)/Guardian\(s\)](#) - (Found at www.holyfamilyrcssd.ca)
- Parent(s)/guardian(s) have reviewed with their child(ren):
[OP 8024 Student Transportation Conduct](#) - (Found at www.holyfamilyrcssd.ca)

Parent/Guardian:		
Name (print)	Signature	Date

In order to be eligible for bus transportation, you must fill out this form and return it to the school.

If you have questions about bus registration, please contact:
Manager of Transportation and Facilities at Holy Family's Division Office 306-842-0725
Email ken.larson@holyfamilyrcssd.ca

Should a student require accommodations to ride the bus, please contact:
Superintendent of Student Services at Holy Family's Division Office 306-842-0725
Email terry.jordens@holyfamilyrcssd.ca