

# SCHOOL BUS REGISTRATION FORM



SD#28 Transportation Department  
1120 North Fraser Dr  
Quesnel, BC, V2J 1Z9  
Ph: (250) 992-8361 Fax: (250) 992-3547

DATE: \_\_\_\_\_

## STUDENT INFORMATION:

Last Name:	First Name:
Grade:	School:

## PARENT/GUARDIAN INFORMATION:

Name:	Relationship:	
Homephone:	Cell:	Work:
Address:	City:	Postal Code:

## BUS INFORMATION:

(If you know the bus info please provide below otherwise leave blank for office use)

AM Bus #: _____ Transfer Bus #: _____
Pick-up Time: _____ Location: _____
Drop-off Time: _____ Location: _____
PM Bus #: _____ Transfer Bus #: _____
Pick-up Time: _____ Location: _____
Drop-off Time: _____ Location: _____

## ALTERNATE STOP FOR OTHER PARENT/GUARDIAN/DAYCARE:

(Only if students ride there regularly. Occasional riders must give a written note from Parent or Principal to the bus driver on the day of travel.)

Name:	Relationship:	
Homephone:	Cell:	Work:
Address:	City:	Postal Code:

## BUS INFORMATION:

(If you know the bus info please provide below otherwise leave blank for office use)

AM Bus #: _____ Transfer Bus #: _____
Pick-up Time: _____ Location: _____
Drop-off Time: _____ Location: _____
PM Bus #: _____ Transfer Bus #: _____
Pick-up Time: _____ Location: _____
Drop-off Time: _____ Location: _____

*Please submit completed forms to your school secretary or email [transportation@sd28.bc.ca](mailto:transportation@sd28.bc.ca)*