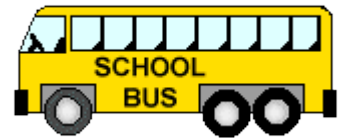




(306) 374-5161 Ph  
(306) 374-2442 fax

**HERTZ NORTHERN BUS**  
**Student Change/Add Form**



ADD       CHANGE       DELETE      DATE: \_\_\_\_\_

SCHOOL \_\_\_\_\_

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STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_  
LAST NAME Please Print                                                  FIRST NAME

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_  
LAST NAME                                                  FIRST NAME

NEW ADDRESS PICK-UP _____	TEL: _____
BUS STOP COMMENT _____	
NEW ADDRESS DROP OFF _____	TEL: _____
BUS STOP COMMENT _____	

START : AM \_\_\_ PM \_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

My child needs to be met at the bus stop. **YES** or **NO** (Circle One)

Parent/Guardian Signature \_\_\_\_\_

*Hertz Northern Bus Office Use*

PICK UP ROUTE: _____	TIME: _____	Contacted _____
DRIVER _____	STOP: _____	
DROP OFF ROUTE: _____	TIME: _____	Contacted _____
DRIVER _____	STOP: _____	