



HERTZ NORTHERN BUS

Student change / add Form

Phone: (306)374-5161

Fax: (306)374-2442

____ ADD ____ CHANGE ____ DELETE DATE: _____

SCHOOL: _____

____ ENGLISH ____ FRENCH IMMERSION

STUDENT: _____ GRADE: _____

Last Name First Name PUPIL #: _____

STUDENT: _____ GRADE: _____

Last Name First Name PUPIL #: _____

STUDENT: _____ GRADE: _____

Last Name First Name PUPIL #: _____

*** PLEASE NOTE STUDENTS GRADE 2 AND UNDER MUST BE MET AT THE BUS STOP BY GUARDIAN ***

PICK UP ADDRESS: _____

DROP OFF ADDRESS: _____

PARENT/GUARDIAN: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

*** DURING THE SCHOOL YEAR, TRANSPORTATION WILL BE ARRANGED WITHIN 48 HOURS UPON RECEIPT OF THIS FORM ***

PARENT/GUARDIAN SIGNATURE: _____

FOR OFFICE USE ONLY

PICK UP ROUTE: _____ TIME: _____

DRIVER: _____ STOP: _____

DROP OFF ROUTE: _____ TIME: _____

DRIVER: _____ STOP: _____