For Office Use Only **Bus Driver** 

**Bus Route** 



Please check one MY CHILD IS ENROLLED IN:

\_\_\_\_ English

nver	THE FIRST STU	ldent	French
oute #	110 Faithfull Cre Saskatoon, S		EGISTRATION
		ADDRE	ESS CHANGE
	Telephone: 306-34 Fax: 306-343-21		UMBER
	REGISTRATION FOR B		
	2023-2024 SCHOOL	L YEAR	
**	*PLEASE PRINT C	LEARLY***	
Student's First & Last Name:		Grade:	
		Grade:	
		Grade:	
School Name: BISHOP JA			
School Name. DISTICT 57	AWES MATONET		
TT 411			
Home Address			
Phone number you can be	e best reached at:		
	NE NUMBERS CURREN'		
""PLEASE KEEP PHO	VE NUMBERS CURREN.	[	
Emergency contact name	and number:		
	ou require both pick-u		dresses from a
residence other than	your home address, fill i	n information below.	
Due Diele um Addaue		Dhana Nambar	
bus Fick-up Address:		rnone Number:	
Bus Drop-off Address:		Phone Number:	

Parent / Guardian Signature:

Date: \_\_\_\_\_