

For Office Use Only
Bus Driver

Bus Route #

First Student
110 Faithfull Crescent
Saskatoon, SK
S7K 8H8
Telephone: 306-343-2125
Fax: 306-343-2126

Please check one
MY CHILD IS ENROLLED IN:
 English
 French

NEW REGISTRATION _____
ADDRESS CHANGE _____
NEW NUMBER _____

REGISTRATION FOR BUS SERVICE
2024-2025 SCHOOL YEAR
*****PLEASE PRINT CLEARLY*****

Student's First & Last Name: _____ Grade: _____
_____ Grade: _____
_____ Grade: _____

School Name: **Bishop James Mahoney**

Home Address _____

Phone number you can be best reached at: _____

*****PLEASE KEEP PHONE NUMBERS CURRENT*****

Emergency contact name and number: _____

E-mail: _____

Please note that if you require both pick-up and/or drop-off addresses from a residence other than your home address, fill in information below.

Bus Pick-up Address: _____ Phone Number: _____

Bus Drop-off Address: _____ Phone Number: _____

Parent / Guardian Signature:

_____ **Date:** _____