For Office Use Only		
Bus Route #:		
Stop location:		

<b>FIRST</b> student
----------------------

110 Faithfull Crescent Saskatoon, SK S7K 8H8

Tel: 306-343-2125 Fax: 306-343-2126

## Registration Form 2025-2026

PLEASE PRINT CLEARLY

PLEASE CHECK ONE:			
NEW REGISTRATION			
ADDRESS CHANGE			
NEW PHONE NUMBER			
MY CHILD IS ENROLLED IN:			
English			
French			
Cree			
Ukrainian			

## **Bishop James Mahoney School**

Student Name (first last)	Pupil Number	Grade
Home Address		
Phone number you can be best reache	nd at:	
Emergency contact name and number	! <u></u>	
Please note that if you require both pi home address, fill in information belo		es from a residence <u>other than your</u>
Bus Pick-up Address:		
Bus Drop-off Address:		
*If your child needs transport from both	n home and alternate address,	please check here
**PLEASE KEEP PHONE NUMBERS CUI	RRENT**	
SCHOOL/PARENT/GUARDIAN SIGNAT	URE:	
		Date: