



HERTZ NORTHERN BUS

Student change / add Form

Phone: (306)374-5161

Fax: (306)374-2442

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

SCHOOL: École St. Matthew 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: \_\_\_\_\_