

For Office Use Only

Bus Route #:

Stop location:



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

REGISTRATION FOR BUS SERVICE
2023-2024 SCHOOL YEAR

PLEASE CHECK ONE:

_____ NEW REGISTRATION

_____ ADDRESS CHANGE

_____ NEW PHONE NUMBER

MY CHILD IS ENROLLED IN:

_____ English

_____ French

_____ Cree

_____ Ukrainian

*****PLEASE PRINT CLEARLY*****

School Name _____

Student's First & Last Name:

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

For Kindergarten students please indicate days attending: **M/W ALT F OR T/TH/ALT FRI**

All Kindergarten must be met by a parent. If you wish for your child to walk alone or with a sibling, please fill out a waiver form.

Home Address _____

Phone number you can be best reached at: _____

Emergency contact name and number: _____

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.

Childcare Name: _____ Phone Number: _____

Bus Pick-up Address: _____

Bus Drop-off Address: _____

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

SCHOOL/PARENT/GUARDIAN SIGNATURE:

_____ **Date:** _____



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KINDERGARTEN PARENTAL WAIVER

First Student makes a concerted effort to select bus stop locations that are as safe as possible for each student. On routes that have group stops, stops are located where possible at street corners we do not take buses into crescents cul-de-sac's and private driveways. When Kindergarten students are brought home from school it is important to have an adult or guardian at the bus stop. Your bus driver will watch over your child as they leave the bus each day. If a parent or guardian is not present to receive the child, the driver will not leave the student unattended unless a *Kindergarten Parental Waiver* has been completed and is on file with First student. If First student does not have a Waiver and a parent or guardian is not present, the driver will return the student to the school where the parent or guardian will be called to come pick them up. If you feel that your Kindergarten student can get off without having a parent or guardian present, please complete this form. If First Student does not have a completed waiver in their possession, your student will not be dropped off unattended. Thank you for assisting us in our goal to keep the safety of the students as our number one priority.

Please note that your child will be dropped off without a parent or guardian present if this waiver is signed.

KINDERGARTEN PARENTAL WAIVER

Student's Name: _____

Parent's Name: _____ Phone: (____)-____-_____

Parent /guardian signature

For students in Kindergarten Please indicate days attending M/W alt F or T/TH alt Fri
I give permission for the school bus driver to drop off my Kindergarten student at his/her assigned bus stop without a parent or guardian present to receive him/her.

Parent Signature: _____

Date: _____

By signing this form, you give permission for First Student to drop your child off without an adult being present to receive them.