

(306) 374-5161 Ph (306) 374-2442 fax

<u>HERTZ NORTHERN BUS</u> <u>Student Change/Add Form</u>



ADD	CHANGE	DELETH	E I	DATE:	
SCHOOL_	École St. Matth	ew Schoo)l		
				CD A DE	
STUDENT	LAST NAME Please Print		FIRST NAME	GRADE	
STUDENT	LAST NAME		FIRST NAME	GRADE	
	LAJI IVAIVIE		FIR31 INAIVIL		
NEW ADDRE	SS PICK-UP			TEL:	
BUS STOP CO	OMMENT				
NEW ADDRE	SSS DROP OFF			TEL:	
BUS STOP CO	OMMENT				
START:	AM PM	MONTH	D	AYYEAR	
My child nee	eds to be met at the bus st	op. YES	or NO	(Circle One)	
Parent/Guar	rdian Signature				
	H	Iertz Northern B	Bus Office Use		
PICK UP RO	UTE:	TIME:		Contacted	
DRIVER			STOP:		
DROP OFF R	ROUTE:	TIME: _		Contacted	
DRIVER			STOP:		