

SCHOOL DISTRICT NO. 33 (CHILLIWACK)

Registration for School Bus Transportation next September

4/20/2009

| | | | |
|---|----------------------------------|---|---------------------------------------|
| Currently Riding Bus(s) please include transfers | To School | Home | |
| Student Name: | | Date of Birth (mm/dd/yyyy) | Grade (September): |
| Note: One request form required for each student | | | |
| School Attending in September: | | Catchment School: (if different from school attending) | |
| Parent/Guardian Name: | | | |
| Home Address: | | Postal Code: | |
| Home Phone: | Cel Phone: | Alternate Phone: | |
| Please indicate type of service required: | | Regular <input type="checkbox"/> | User Pay <input type="checkbox"/> |
| <input type="checkbox"/> AM & PM | <input type="checkbox"/> AM Only | <input type="checkbox"/> PM Only | Conditional: <input type="checkbox"/> |
| Parent/Guardian Signature: | | Date: | |

Additional Information (such as specific allergies or medical conditions)

Questions, call Transportation: 604-792 -1255

**To ensure your child is registered please return this form to Transportattion
by the end of May, of each year.**

Via Fax (604-792-3148), deliver to your school office or mail to
 School District No. 33 (Chilliwack)
 Transportation Department
 8430 Cessna Drive
 Chilliwack, BC V2P 7K4

| For School District use ONLY | | | |
|--|--|---|-----------------------------------|
| Transportation Department: Rider status verification | | Denied (See Below) <input type="checkbox"/> | User Pay <input type="checkbox"/> |
| Signed | | Regular <input type="checkbox"/> | ESL <input type="checkbox"/> |
| Notes: | | Conditional <input type="checkbox"/> | |
| AM Bus | | Transfers | |
| PM Bus | | Transfers | |
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