

## **SCHOOL BUS PASS REGISTRATION FORM**

DUS PASS NUMB	EK
	74
	110

Arent/Guardian Name imary Phone imail Address      School Information	udent First Name	*						Last	Name					
A SCHOOL: JH Sissons Range Lake St. Joseph's Ecole Allain St. Cyr (Circle) Mildred Hall School Milliam Macdonald Weleden K'Alemi Dene NJ MacPherson Sir John Franklin St. Patrick's Kaw Tay Whee Special Needs and/or Instructions    Parmut Details   Payment Amount:   Payment Method	rimary Address						Sec	ondary	Addres	s				
Parent/Guardian Signature   Parent/Guardian Signature   Parent/Guardian Signature acknowledges receipt of the Kindergarten Grade 1 Political Pol	arent/Guardian Nan rimary Phone	me					<u>X</u>							
SCHOOL:   JH Sissons	econdary Phone mail Address										receipt of	the Kinderg	garten Grad	e 1 Policy
Clircle					Schoo	ol Info	ormati	on						
NJ MacPherson   Sir John Franklin   St. Patrick's   Kaw Tay Whee	434 64500 1746 6550 944 6550 4750 4750 4750 4750 4750 4750 4750 4	JH Sissons			Range I	Lake			St. Jos	eph's		Ecole	Allain S	t. Cyr
Complete Kindergarten	(Circle)		ol							769.7				•
PART 2: FOR OFFICE USE ONLY  Route KDS / DETTAH 1 2 3 4 5 6 7 8 9 10 11 12  Pickup Point Drop Off Point Pickup Time Payment Amount: \$  Payment Method  VISA Trace No. YKDFN PO/Client Name MC Trace No. ECE PO/Client Name DEBIT Trace No. HSSA PO/Client Name Staff YCS PO/Client Name POS BATCH YK1 PO/Client Name  *Attach PO/Confirmation Email to Sheet		Kindergarten	1	2	3	4	5	6	7	8	9	10	11	12
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Please Note Below All Family Members included in the Bus Pass Rate Ahove	Pickup Point Pickup Time  VISA Trace N  MC Trace No.  DEBIT Trace  Staff	Payme	1	PART :	2: FOI 3 Payi \$ Payi YKD ECE HSS YCS	R OFF 4 Dro Dro ment   FN PO/Clic A PO/Clic	ICE US 5 p Off I p Off S Details Wethor Client N ent Nam	SE ON 6 Point Time 3 d ame _ me _ me _ e _ e _ e _ e _ e _ e _ e	1 <b>LY</b> 7					
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