

**SCHOOL BUS PASS REGISTRATION FORM**

**PART 1: STUDENT INFORMATION**

<b>Student First Name</b> _____	<b>Last Name</b> _____
<b>Primary Address</b> _____ _____	<b>Secondary Address</b> _____ _____
<b>Parent/Guardian Name</b> _____	<b>X</b> <b>Parent/Guardian Signature</b> <small>If applicable signature acknowledges receipt of the Kindergarten Grade 1 Policy</small>
<b>Primary Phone</b> _____	
<b>Secondary Phone</b> _____	
<b>Email Address</b> _____	

**School Information**

<b>SCHOOL:</b>	JH Sissons	Range Lake	St. Joseph's	Ecole Allain St. Cyr
(Circle)	Mildred Hall School	William Macdonald	Weledeh	K'Alemi Dene
	NJ MacPherson	Sir John Franklin	St. Patrick's	Kaw Tay Whee

  

<b>GRADE:</b>	Kindergarten	1	2	3	4	5	6	7	8	9	10	11	12
(Circle)													

\*Complete Kindergarten to Gr. 1 Permission Form if applicable

**Special Needs and/or Instructions**

**PART 2: FOR OFFICE USE ONLY**

<b>Route</b>	KDS / DETTAH	1	2	3	4	5	6	7	8	9	10	11	12	
<b>Pickup Point</b>	_____							<b>Drop Off Point</b>	_____					
<b>Pickup Time</b>	_____							<b>Drop Off Time</b>	_____					

**Payment Details**

**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

**Please Note Below All Family Members included in the Bus Pass Rate Above**