

PH: 306-374-5161 FAX: 306-374-2442

## HERTZ NORTHERN BUS Student change/Add form



☐ ADD ☐ CHANGE ☐ DELETE DATE:				
SCHOOL:				
		FRE		
STUDENT:_	Last Name	First N	ame	GRADE:
STUDENT:	Last Name	First N	ame	GRADE:
*PLEASE NOTE: STUDENTS GRADE 2 AND UNDER MUST BE MET AT THE BUS STO				
PICK UP ADDRESS:				
DROP OFF ADDRESS:				
PARENT/G	UARDIAN:	TEL:		
PARENT/G	UARDIAN:	TEL:		
DURING THE SCHOOL YEAR, TRANSPORTATION WILL BE ARRANGED WITHIN 48 HOURS UPON RECEIPT OF THIS FORM				
PARENT/GUARDIAN SIGNATURE:				
FOR OFFICE USE ONLY				
PICK UP F	ROUTE:		_TIME:_	
DRIVER:_		STOP:		
DROP OFF ROUTE:TIME:				
DRIVER:		STOP:		