

For Office Use Only
Bus Driver

Bus Route # _____



110 Faithful Crescent
Saskatoon, SK S7K 8H8
Telephone: 306-343-2125
Fax: 306-343-2126

Please check one
MY CHILD IS ENROLLED IN:

- English
 French
 Cree

NEW REGISTRATION _____

ADDRESS CHANGE _____

NEW NUMBER _____

REGISTRATION FOR BUS SERVICE
2023-2024 SCHOOL YEAR

*****PLEASE PRINT CLEARLY*****

Student's First and Last Name

Name _____ Grade _____ M/W/F T/Th/F FULL

Name _____ Grade _____ M/W/F T/Th/F FULL

Name _____ Grade _____ M/W/F T/Th/F FULL

Name _____ Grade _____ M/W/F T/Th/F FULL

For Kindergarten students, please circle if attending Monday/Wednesday/Alt. Friday or Tuesday/Thursday/Alt. Friday.

School: École River Heights School

Parent or Caregiver Name: _____

Home Address: _____ Phone # _____

_____ Mobile # _____

E-mail address _____

****PLEASE KEEP PHONE NUMBERS CURRENT****

Emergency Contact Name _____

Phone number _____

****Please note that Kindergarten students must be met by a parent.**

Please note that if you require both pick-up and/or drop-off addresses from a residence other than your home address, fill in the information below.

Childcare Name: _____

Bus Pick-up Address: _____ Phone Number _____

Bus Drop-off Address: _____ Phone Number _____

School / Parent / Guardian Signature: _____

Date: _____

Please complete and return this form to the school as soon as possible. Any changes that you require after returning the form may be called into the School Office. *Please note that the changes will take 24 to 48 hours to be in effect.*****