

## Peigan Board of Education

## **Transportation Department**

## 2023/2024 School Year Bus Registration

First Name:	Last Name:
Date of Birth: Day: Mon	nth: Year:
Treaty Number:	* · · · · · · · · · · · · · · · · · · ·
Parent/ Guardian:	, "
Home Telephone:	Cell Number:
Emergency Contact:	Relationship:
Home Telephone:	Cell Number:
School:	Grade:
Pick-Up & Drop-Off Point:	
Legal Land Description/ Address:	
Parent/ Guardian Signature:	9
One registration form per student. One registered to one bus ONLY. Return co	e pick-up, one drop-off; each student is mpleted form to the bus driver or drop off a Il late registrations will be put on a waitlist
Office use Bus Driver & Route: Approved Date: Approved By:	