



PALLISER REGIONAL SCHOOLS

Notification of Busing

Please submit by fax to Transportation Services at 403-328-2714
Please complete all fields.

SCHOOL NAME: _____

EFFECTIVE DATE: _____ **New** **Change** **Delete Bus Info**

Student's Last Name: _____ **First Name:** _____ **Gender:** _____
M/F

Alberta Student Number: _____ **Date of Birth:** _____ **Grade:** _____
MM/DD/YEAR

Student's Last Name: _____ **First Name:** _____ **Gender:** _____
M/F

Alberta Student Number: _____ **Date of Birth:** _____ **Grade:** _____
MM/DD/YEAR

Student's Last Name: _____ **First Name:** _____ **Gender:** _____
M/F

Alberta Student Number: _____ **Date of Birth:** _____ **Grade:** _____
MM/DD/YEAR

Student's Last Name: _____ **First Name:** _____ **Gender:** _____
M/F

Alberta Student Number: _____ **Date of Birth:** _____ **Grade:** _____
MM/DD/YEAR

Parent/Guardian 1 Name:	Parent/Guardian 2 Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Business Phone:	Business Phone:

It is vital to provide a physical address for the home, NOT a box number. Please provide the 911 address where the student(s) will be picked up.

Address: _____
HOUSE NUMBER
STREET/AVENUE
TOWN/VILLAGE

Or Rural Address: _____
911 ADDRESS (BLUE SIGN)
TOWNSHIP ROAD
RANGE ROAD

TRANSPORTATION SERVICES OFFICE USE ONLY	
Route Number	