



2019-20 Student Transportation Registration Form

Email: transportation@ngps.ca
Toll Free: 1.800.262.8674

PLEASE EMAIL THIS FORM PROMPTLY TO transportation@ngps.ca
or drop off at your school office.

Please complete one form for each child who is new to or changing schools. Upon completion, please return the form(s) via email, or to your school office. **Proof of address is required i.e. Utility bill. Please attach a copy with your registration form.** Students who are not registered will not receive bus service.

Please Print Clearly

Name of Pupil: _____ School: _____ Grade: _____ Gender: _____

Address: (Apt. No) _____ Birthdate: _____

Address: (Street) _____

Rural Address Sign Number: _____ Land Location (If no sign): _____

Name of Subdivision: _____ Lot No: _____

Town: _____ P.O. Box _____ Postal Code: _____

Home Contact Name: _____ Home Phone No.: _____

Work Contact Name: _____ Work Phone No.: _____

Emergency Contact Name: _____ Emergency Phone No.: _____

PERTINENT MEDICAL INFORMATION REGARDING YOUR CHILD: _____

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

Starting Date (am/pm) _____

(Office Use Only)

Bus No.: _____ Driver: _____ Pick-up Point: _____

Eligible (n/y) _____ Amount Paid: _____ Pick-up Time: _____ Drop-off Time: _____

Paid by: School Cash Cash Debit Credit Card

Date Moved in: _____ Date Moved Out: _____ Pass No: _____