



Northern Gateway  
Public Schools

**Student Transportation Registration Form  
2017 to 2018 School Year**

**Box 699 - Valleyview, Alberta T0H 3N0  
524-3833 or 1-888-785-3396  
Fax 780-524-4256**

**PLEASE RETURN THIS FORM PROMPTLY TO YOUR SCHOOL  
or to the address above**

Dear Parents:

Please complete one of these forms for **each of your children that are new to the school or are changing school and riding school buses** operated by the Northern Gateway Regional Division No.10. Upon completion, please return the form(s) to the address above, or return them to your school who will submit them to the Transportation Office. Please make sure the legal description of your residence is correct, as this information is needed for routing the buses. Students who are not registered will **not** receive bus service.

**PLEASE PRINT**

NAME OF PUPIL: \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ Gender \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (Apt No)

ADDRESS: \_\_\_\_\_ (Street)

**LAND LOCATION (rural): Rural Address sign number:** \_\_\_\_\_

NE  NW  SE  SW  Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_ W5

Sub. Div. \_\_\_\_\_ Lot \_\_\_\_\_ Blk. \_\_\_\_\_ Plan \_\_\_\_\_

P. O. Box \_\_\_\_\_

Town \_\_\_\_\_ 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: _____
<b>Paid By:</b> Cash    Cheque    Visa		
Date Moved in _____	Date Moved Out _____	Pass No _____