9820 - 104 Street, Morinville, Alberta T8R 1L8 Tel: (780) 939-4341 Fax: (780) 939-5520

## **Early Childhood Transportation Application Form**

Parents of students who require bus transportation for the **2018-2019** school year are to complete the following registration form and submit it to the school.

School		Program ☐ AM ☐ PM ☐ FULL DAY				
		☐ Kindergarten ☐ Headstart ☐ KEP ☐ PEP				
	Student In	format	ion			
Last name: First name:						
Home phone: Birthdate: (M				☐ Female	Female Male	
Street or 911 address:						
Mailing address:						
Parent/Guardian Information						
Parent/guardian name:			Work # Cell #			
If pick-up/drop-off location is different than home, please fill in below:						
Caregiver name:			Phone Number:			
Caregiver address:			Pick-up/drop-off ☐ A.M ☐ P.M			
Emergency Contact Name:			Contact number: (other than home number)			
Office Use:						
Transportation Fees: Paid by cheque cash Initials:						
Amount Paid: Date: Receipt #						
Transportation Department Use:						
Comments/Concerns:						
Bus Driver:		Bus Route:				
The information requested is being collected particles, 39(1) (b) and 40 (1) (c). Video cameras ronly. Information acquired through this form contact your school principal or Thomas Holmas. Holmas. Holmas. Water account of the school principal or Thomas. Holmas.	nay be used on a is kept secure	school bu and acce	ses for safety and/ess is restricted.	or student manageme For further informa	ent purposes	
Manager, Transportation Services				Date		