

FOR OFFICE USE ONLY

Bus Route #: \_\_\_\_\_

Stop Location: (subject to change)

\_\_\_\_\_

\_\_\_\_\_



#71-5th Ave W

Battleford, Sk S0M 0E0

Tel: 306-445-6660

PLEASE CHECK ONE:

\_\_\_\_ NEW REGISTRATION

\_\_\_\_ ADDRESS CHANGE

\_\_\_\_ NEW PHONE NUMBER

Pre K Bus Registration Form

2026-2027 School Year

PLEASE PRINT CLEARLY

Student Information

First and Last Name	School Attending	Weight less than 40 lbs
_____	_____	Yes or No
_____	_____	Yes or No

Please circle Pre K days attending: M/W or T/TH

Home Address: \_\_\_\_\_

Name and Phone number parent can be reached at: \_\_\_\_\_

Emergency contact Name and number: \_\_\_\_\_

**\*\*PLEASE KEEP PHONE NUMBERS UP TO DATE\*\***

I \_\_\_\_\_ allow the bus driver to buckle and unbuckle my child while on

PARENT'S NAME

the school bus. \_\_\_\_\_

PARENT SIGNATURE

If I am unable to meet my child at pick up or drop off time I give permission for

\_\_\_\_\_ to meet and take my child home.

OLDER SIBLING OR GUARDIAN

PARENT SIGNATURE

I am aware, that in the event that no one is at the drop off location in a timely manner to meet the student, the student will be returned to the school and I will be responsible for picking him/her up. If this happens 3 times my child will be removed from the bus for the remainder of the year. \_\_\_\_\_

PARENT SIGNATURE

Parents may be responsible for supplying a booster seat that will remain on the bus. Please label the seat with your child's name.