



**F095 Little Chiefs Primary School Student
Bus Pre-Registration**

Returning bus student _____

New Bus Student _____

Please indicate below when your child rides the bus:

Mornings:

Mondays _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Afternoons:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

AM Bus Stop: _____

PM Bus Stop: _____

Legal Last Name: _____

Usual Last Name: _____

Legal First Name: _____

Preferred First Name: _____

Address: _____ Postal Code: _____

Phone Number: _____ Cell Phone Number: _____

School: _____ Grade: _____

Additional Information: _____

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

If your child occasionally uses a different drop off location, you will need to fill out another pre-registration form. Additional bus pre-registration forms can be picked up at the school.

****Please remember to update your child's medical information at their School. ****

If you have any questions, please call 250-296-3507 Ext. 115