



2017-18

# Barrhead Student Transportation Registration

Bus pass fee (per student): \$350 Grade 1-12; \$175 Kindergarten

DATE \_\_\_\_\_ PASS NUMBER \_\_\_\_\_

PAYMENT:  CREDIT:  VISA  MC  CASH  CHEQUE # \_\_\_\_\_

STUDENT FIRST NAME	LEGAL LAST NAME	GRADE	ECS DAYS	SCHOOL	MEDICAL CONDITIONS
			MW TT		
			MW TT		
			MW TT		
			MW TT		

STUDENT ADDRESS	TOWN	POSTAL CODE
PICK UP OR DROP LOCATION IF DIFFERENT FROM STUDENT ADDRESS		

MOTHER/GUARDIAN NAME		FATHER/GUARDIAN NAME	
CELL/WORK NUMBER	HOME NUMBER	CELL/WORK NUMBER	HOME NUMBER
EMAIL		EMAIL	

EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE NUMBER

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_

I have read, understand, and accept the policies and procedures as written in AP 70-105 Student Transportation Service – Rules, Responsibilities, and Student Discipline and AP 70-106 Bus Scheduling & Routing.

\_\_\_\_\_  
 PARENT/GUARDIAN/INDEPENDENT STUDENT SIGNATURE

\_\_\_\_\_  
 DATE

OFFICE USE ONLY		
BUS NUMBER	BUS STOP LOCATION	BUS STOP TIME