

**Bus service will begin two
business days after request
is approved**
This form must be returned to
the school for processing



Request for Bus Service Grades 1 - 12

School Year: ☐ 2025-2026 ☐ 2026-2027 **Date:** _____ **Emailed:** _____

School: _____ **Anticipated Start Date:** _____
Month Day Year

English Program ☐ **French Program:** ☐

Rural students in grades 9 – 12 Students at École St. Mary High School must be within the school division boundary area for out of city to ride bus.

Student's Last Name:	Student's First Name:	Grade:	Sex (M/F/U): (Male/Female/Unspecified)	Student's MSS Pupil Number: (To be filled out by School)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student's Home Address:

Parent/Guardian Name: _____

Home Phone No: _____ Cell Phone No: _____

Work Phone No: _____

Parent/Guardian Name: _____

Home Phone No: _____ Cell Phone No: _____

Work Phone No: _____

Emergency Contact Name: _____

Home Phone No: _____ (in case parent is unavailable)

Cell No: _____

For awareness purposes please provide any:

Medical Conditions: _____

Allergies: _____

Please complete the following information for drop off and pick up locations. Please indicate the daily pick up and drop off addresses. Also, note these locations must be **within the school boundary attendance area**.

Regular address for morning bus pick-up: Please Check if same as PM Drop-off ☐

Contact Name: _____ Contact Phone No: _____

Please circle days of pick up at this address: M T W TH F

Other: _____

Alternate Regular address for morning bus pick-up (if needed): Please Check if same as PM Drop-off ☐

Contact Name: _____ Contact Phone No: _____

Please circle days of pick up at this address: M T W TH F

Other: _____

Regular address for afternoon drop-off:

Contact Name: _____ Contact Phone No: _____

Please circle days of drop off at this address: M T W TH F

Other: _____

Alternate Regular address for afternoon drop-off (if needed):

Contact Name: _____ Contact Phone No: _____

Please circle days of drop off at this address: M T W TH F

Other: _____

_____ Yes, I have read the School Bus Protocol for bus transportation services and I will review this with my child/children.

_____ Yes, I will notify the school if changes are required to the information provided above. All changes must be made by the parent/guardian at the school office.

_____ Date

_____ Parent/Guardian Signature

All transportation services within the school attendance area must be approved by the Principal/Designate.

_____ Date

_____ Principal Signature

For First Student Bus only:

Date: _____

Bus Driver's Name: _____

Route: _____

