



SCHOOL BUS REGISTRATION FORM

SD#28 Transportation Department
1120 North Fraser Dr
Quesnel, BC, V2J 1Z9
Ph: (250) 992-8361 Fax: (250) 992-3547

DATE: _____

STUDENT INFORMATION:

Last Name:	First Name:
Grade:	School:

PARENT/GUARDIAN INFORMATION:

Name:	Relationship:	
Homephone:	Cell:	Work:
Address:	City:	Postal Code:

BUS INFORMATION:

(If you know the bus info please provide below otherwise leave blank for office use)

AM Bus #: _____ Transfer Bus #: _____	
Pick-up Time: _____	Location: _____
Drop-off Time: _____	Location: _____
PM Bus #: _____ Transfer Bus #: _____	
Pick-up Time: _____	Location: _____
Drop-off Time: _____	Location: _____

ALTERNATE STOP FOR OTHER PARENT/GUARDIAN/DAYCARE:

(Only if students ride there regularly. Occasional riders must give a written note from Parent or Principal to the bus driver on the day of travel.)

Name:	Relationship:	
Homephone:	Cell:	Work:
Address:	City:	Postal Code:

BUS INFORMATION:

(If you know the bus info please provide below otherwise leave blank for office use)

AM Bus #: _____ Transfer Bus #: _____	
Pick-up Time: _____	Location: _____
Drop-off Time: _____	Location: _____
PM Bus #: _____ Transfer Bus #: _____	
Pick-up Time: _____	Location: _____
Drop-off Time: _____	Location: _____

Please submit completed forms to your school secretary or email transportation@sd28.bc.ca