



# PALLISER REGIONAL SCHOOLS

## Notification of Busing

Please submit by fax to Transportation Services at 403-328-2714  
Please complete all fields.

SCHOOL NAME: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

New  Change  Delete Bus Info

Student's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Gender: \_\_\_\_\_  
M/F

Alberta Student Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MM/DD/YEAR

Grade: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Gender: \_\_\_\_\_  
M/F

Alberta Student Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MM/DD/YEAR

Grade: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Gender: \_\_\_\_\_  
M/F

Alberta Student Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MM/DD/YEAR

Grade: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Gender: \_\_\_\_\_  
M/F

Alberta Student Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MM/DD/YEAR

Grade: \_\_\_\_\_

Parent/Guardian 1 Name:	Parent/Guardian 2 Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Business Phone:	Business Phone:

It is vital to provide a physical address for the home, NOT a box number. Please provide the 911 address where the student(s) will be picked up.

Address: \_\_\_\_\_  
HOUSE NUMBER STREET/AVENUE TOWN/VILLAGE

Or Rural Address: \_\_\_\_\_  
911 ADDRESS (BLUE SIGN) TOWNSHIP ROAD RANGE ROAD

TRANSPORTATION SERVICES OFFICE USE ONLY	
Route Number	