



# SCHOOL DISTRICT NO. 57 (PRINCE GEORGE)

Transportation Department  
2100 Ferry Avenue  
Prince George, BC V2L 4R5

Phone: 250- 561-6802  
Fax: 250- 561-6809

## COURTESY - SCHOOL BUS REGISTRATION FORM

SCHOOL YEAR 20\_\_ / \_\_

**Child Care**

**2<sup>nd</sup> Family Alternate Residence**

**Exchange Student**

**Other**

### STUDENT INFORMATION: Please PRINT LEGIBLY IN DARK INK

1. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_ Pupil # \_\_\_\_\_

2. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_ Pupil # \_\_\_\_\_

3. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_ Pupil # \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

**Father's Surname:** \_\_\_\_\_ **Father's First Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Living with Student?

Emergency Contact?

**Mother's Surname:** \_\_\_\_\_ **Mother's First Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Living with Student?

Emergency Contact?

**LEGAL CUSTODY ALERT IN EFFECT:** YES \_\_\_\_\_ NO \_\_\_\_\_ (if YES, please provide PERTINENT INFORMATION)

\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL BUSING INFORMATION:** Are all students currently riding a school bus?  Yes  No

Reason for courtesy request: \_\_\_\_\_

Courtesy required for:  Entire school year OR dates \_\_\_\_\_ to \_\_\_\_\_

Busing required for:  AM  PM  BOTH

Full Name of Resident at Courtesy Address: \_\_\_\_\_

Address of Courtesy Bussing: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Notes: \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT PERSON:**

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PERTINENT MEDICAL INFORMATION:**

Allergies \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Heart \_\_\_\_\_ Mobility \_\_\_\_\_ Seizures \_\_\_\_\_

Other \_\_\_\_\_

**I understand COURTESY applications will be approved on an ANNUAL basis subject to the availability of space after eligible ridership is determined and that courtesy service may be withdrawn, with notice, if space is needed throughout the year for eligible students.**

**The service provided will be subject to all courtesy procedures and practices. It is the responsibility of the parent/guardian to obtain and submit application forms for each school year.**

*Please note that all Kindergarten students must be accompanied to and from the bus stop by an adult. Transportation may be denied for kindergarten students who are not accompanied by an adult.*

*The information on this form is collected under the authority of the School Act, section 13. The information will be provided to the School District No. 57 transportation contractor, and when required, may be provided to health services, social services or other support services as outlined in section 88 and 91 of the School Act. Information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Freedom of Information and Protection of Privacy Officer, School District No. 57, 2100 Ferry Avenue, Prince George, B.C. V2L 4R5. Phone (250) 561-6802.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE MAIL OR FAX (250-561-6809) THE COMPLETED FORM  
TO THE TRANSPORTATION DEPARTMENT**