

Please fax or email completed form to either:

Williams Lake Dispatch: (250)398-8917 wl.busing@sd27.bc.ca **100 Mile Dispatch:** (250) 395-2517 100mile.busing@sd27.bc.ca

SCHOOL DISTRICT #27 STUDENT BUS REGISTRATION	Office use only Route#: _____ Bus#: _____
<input type="checkbox"/> Returning bus student	
<input type="checkbox"/> New bus student	<input type="checkbox"/> Transferring from a different bus Old bus # _____
Do you ride any other buses regularly	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please list bus numbers and stops _____	
Legal Last Name: _____	Preferred Last Name: _____
Legal First Name: _____	Preferred First Name: _____
Address: _____	Postal Code: _____
School: _____	Grade: _____
Medical Alert: _____	
AM Bus Stop: _____	Phone Number: _____
PM Bus Stop: _____	
***EMERGENCY PHONE NUMBERS NEED TO BE UPDATED THROUGH THE SCHOOL.	
***STUDENTS SHOULD BE AT THE BUS STOP 10 MINUTES EARLY.	
Parent / Guardian Name: _____	
Parent / Guardian Signature: _____	

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