

MY CHILD IS ENROLLED IN:

✓ French Immersion



110 Faithfull Crescent
Saskatoon, SK
S7K 8H8

Telephone: 306-343-2125

Fax: 306-343-2126

REGISTRATION FOR BUS SERVICE – École St. Paul School
2021-2022 SCHOOL YEAR

Student's First & Last Name: _____ Grade: _____
_____ Grade: _____
_____ Grade: _____

Home Address: _____ Phone #: _____

Phone #: _____

(Critical if parent is not home) Cell #: _____

Emergency Contact # (in case parent is unavailable): _____

E-mail (to provide information re: busing): _____

Please note that all Kindergarten students must be met by a parent. If you wish for your child to walk alone, or with a sibling, please see reverse side for consent form.

Kindergarten (All Day)

Please note that if you require both pick-up and/or drop-off addresses from a residence other than your home address, fill in information below.

Childcare Name: _____

Bus Pick-up Address: _____ Phone Number: _____

Bus Drop-off Address: _____ Phone Number: _____

SCHOOL/PARENT/GUARDIAN SIGNATURE :

_____ **Date:** _____

Please complete and return this form to École St. Paul School as soon as possible. Any changes that you require after returning the form may be called into the School Office.

For Office Use Only

Bus Driver _____

Bus Route # _____

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KINDERGARTEN PARENTAL CONSENT

First Student makes a concerted effort to select bus stop locations that are as safe as possible for each student. On routes, stops are located at the student's address or the nearest accessible point to the address. Cul-de-sacs, private roadways, and dead-end streets often necessitate locating a bus stop at a point other than the home address. When kindergarten students are brought home from school it is important to have an adult or guardian at the bus stop. Your bus driver will watch over your child as they leave the kindergarten bus each day. If you feel that your kindergarten student can get off without having a parent or guardian present, please complete this consent form. If First Student does not have a completed consent in their possession, your student will not be dropped off unattended. Thank you for assisting us in our goal to keep the safety of the students as our number one priority.

KINDERGARTEN PARENTAL CONSENT

Student's Name: _____

Parent's Name: _____ Phone: (____) - ____ - _____

School: École St. Paul School

Kindergarten (All Day)

I give permission for the school bus driver to drop off my kindergarten student at his/her assigned bus stop without a parent or guardian present to receive him/her.

Parent Signature: _____

Date: _____

For Office Use Only

Bus Driver _____

Bus Route # _____