



Northern Gateway  
Public Schools

**Student Transportation Registration Form  
2020 - 2021 School Year**

**PLEASE RETURN THIS FORM PROMPTLY TO YOUR SCHOOL  
or email to: transportation@ngps.ca**

Dear Parents:

Please complete one of these forms for **each of your children that are new to the school or are changing school and riding school buses** operated by the Northern Gateway Regional Division No.10. Upon completion, please return the form(s) to your school or to the email address above. Please make sure the legal description of your residence is correct, as this information is necessary for routing the buses. **Proof of address is required with bus registration form, ie: utility bill, property tax notice, rental agreement.** Students who are not registered will **not** receive bus service.

**PLEASE PRINT CLEARLY**

NAME OF PUPIL: \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ Gender \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (Apt No) BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (Street)

**Rural Address sign number:** \_\_\_\_\_

Sub-Division Name \_\_\_\_\_ Lot # \_\_\_\_\_

P. O. Box \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Contact Name: \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Work Contact Name: \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_

PERTINENT MEDICAL INFORMATION REGARDING YOUR CHILD:

\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Starting Date (am/pm)

(Office Use Only)

BUS NO. \_\_\_\_\_ Driver \_\_\_\_\_ Pick-up Point \_\_\_\_\_

Eligible (n/y) \_\_\_\_\_ Amount Paid \_\_\_\_\_ Pick-up time: \_\_\_\_\_ Drop-off Time: \_\_\_\_\_

**Paid By:** Cash    Cheque    Visa

Date Moved in \_\_\_\_\_ Date Moved Out \_\_\_\_\_ Pass No \_\_\_\_\_