



PLEASE EMAIL THIS FORM PROMPTLY TO transportation@ngps.ca  
or drop off at your school office.

Please complete one form for each child who is new to or changing schools. Upon completion, please return the form(s) via email, or to your school office. Proof of address is required i.e. Utility bill. Please attach a copy with your registration form. 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: \_\_\_\_\_ Land Location (If no sign): \_\_\_\_\_

Name of Subdivision: \_\_\_\_\_ Lot No: \_\_\_\_\_

Town: \_\_\_\_\_ P.O. Box \_\_\_\_\_ 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: School Cash    Cash    Debit    Credit Card

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