



2015/2016

TR08/15

RURAL SCHOOL BUS APPLICATION

Rocky View Schools
 Transportation Department
 2651 Chinook Winds Dr. SW
 Airdrie, AB T4B 0B4

Bus cost is **\$200.00** for each student, Grades 1-12, per school year to a maximum family rate of **\$400.00**. No Charge for Kindergarten students. **Fees are not prorated for partial bus use.** Refunds are available up to October 31, 2015, only.

Airdrie: 403.945.4102
 Crossfield, Beiseker & Kathryn: 403.945.4101
 Chestermere, Indus & Langdon: 403.945.4101
 Cochrane Schools: 403.945.4104
 Springbank & Bragg Creek: 403.945.4103
 Fax: 403.945.4089
 Website: www.rockyview.ab.ca

Registration form to be completed and submitted with payment to Rocky View Schools Prior to July 31, 2015 to ensure busing for the start of the year.

Student #1 Information		START DATE: Month Day Year	
Legal Last Name:		Legal First Name:	
Student Preferred Last Name (if different from above):		Student Preferred First Name (if different form above):	
School:	Grade:	French Immersion: <input type="checkbox"/> YES <input type="checkbox"/> NO	Kindergarten: <input type="checkbox"/> AM <input type="checkbox"/> PM
If bussing from Caregiver, provide Caregiver's name, address & phone number:			Medical Conditions:

Student #2 Information		START DATE: Month Day Year	
Legal Last Name:		Legal First Name:	
Student Preferred Last Name (if different from above):		Student Preferred First Name (if different form above):	
School:	Grade:	French Immersion: <input type="checkbox"/> YES <input type="checkbox"/> NO	Kindergarten: <input type="checkbox"/> AM <input type="checkbox"/> PM
If bussing from Caregiver, provide Caregiver's name, address & phone number:			Medical Conditions:

Parent/Guardian Information		Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
Name:	Lives with child? <input type="checkbox"/> YES <input type="checkbox"/> NO	Work Phone:	Cell Phone:
Home Phone:	Street Address:		Bussing from this location: <input type="checkbox"/> YES <input type="checkbox"/> NO
Mailing Address:		City:	Postal Code:

Parent/Guardian Information		Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
Name:	Lives with child? <input type="checkbox"/> YES <input type="checkbox"/> NO	Work Phone:	Cell Phone:
Home Phone:	Street Address:		Bussing from this location: <input type="checkbox"/> YES <input type="checkbox"/> NO
Mailing Address:		City:	Postal Code:

The information on this form is being collected pursuant to the School Act and the Freedom of Information and Protection of Privacy Act.

You will be billed for bus service once you are assigned to a bus route. If you wish to pay now, please complete this section.

Cheques are payable to Rocky View Schools.

Visa/American Express/MasterCard Card Number: _____ Expiry Date: _____ Name of Card Holder: _____
 (Please Print)

Cash Cheque Check Number: _____ Debit Amount: _____

***If you are paying by credit card and would like a receipt, please provide an email address:** _____

Office Use:	Cr. Card Auth. No.	Process Date & Initials:	Application Rec:
Date Bus Pass:	<input type="checkbox"/> Mailed <input type="checkbox"/> Picked Up	PS:	Entered In Edulog: