

NOTICE: REQUEST WILL NOT BE PROCESSED UNTIL PREVIOUS YEAR BUS FEES HAVE BEEN PAID

www.sd34.bc.ca

email: school_bus@sd34.bc.ca

ABBOTSFORD SCHOOL DISTRICT (NO.34)

Transportation 604.855.5278 Fax: 604.854.1448

STUDENT TRANSPORTATION REQUEST

(one request form for each student, MUST BE SIGNED BY PARENT)



STUDENT _____ <small>LAST NAME</small>	STUDENT _____ <small>FIRST NAME SECOND NAME</small>
ADDRESS _____ <small>STREET ADDRESS</small>	STUDENT PEN NUMBER _____ <small>CAN BE FOUND ON STUDENT REPORT CARD OR FROM SCHOOL</small>
CITY _____	SCHOOL ATTENDING _____
POSTAL CODE _____	APPROVED DISTRICT PROGRAM _____
HOME PHONE _____	BIRTHDATE _____ <small>YEAR/MONTH/DAY</small>
ALTERNATE PHONE _____	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/> GRADE _____
PARENT/GUARDIAN _____ <small>LAST NAME</small>	PARENT/GUARDIAN _____ <small>FIRST NAME</small>
PARENT/GUARDIAN <i>EMAIL</i> : _____	
PARENT/GUARDIAN _____ <small>REQUEST MUST BE SIGNED & DATED</small>	DATE: _____ <small>SIGNATURE</small>
REQUESTED START DATE: _____	

NOTE: ALL CANCELLATIONS MUST BE DONE 5 DAYS PRIOR TO THE END OF THE MONTH

Please allow up to five days for approval and processing

FAX TO TRANSPORTATION 604.854.1448 OR SCAN TO SCHOOL_BUS@SD34.BC.CA

All APPROVED RIDERS on Abbotsford School District Buses will be required to pay an annual fee.

Information on the amount payable and payment options for Eligible IN CATCHMENT and DISTRICT PROGRAM Riders can be found on the District's Website. www.sd34.bc.ca

****DO NOT ATTACH MONEY/CHEQUES TO THIS REQUEST! TAKE THIS COMPLETED FORM, AFTER BUS INFORMATION IS ENTERED BY THE TRANSPORTATION DEPARTMENT, TO THE SCHOOL BOARD OFFICE, 2790 TIMS ST. ABBOTSFORD TO MAKE PAYMENT**
DEBIT/VISA/MASTERCARD AVAILABLE OR SCHOOLCASHONLINE OPTION**

BUSING DATA: To be completed by Transportation Department

START DATE: _____	SCHOOL: _____
A.M. _____	_____
BUS # _____	TIME _____
AM BUS STOP _____	DROP OFF _____
TRANSFER _____	_____
TO BUS # _____	TIME _____
AM TRANSFER LOCATION _____	DROP OFF _____
P.M. _____	_____
BUS # _____	TIME _____
PM SCHOOL PICK UP _____	DROP OFF LOCATION & TIME _____
TRANSFER _____	_____
TO BUS # _____	TIME _____
PM TRANSFER LOCATION _____	DROP OFF LOCATION & TIME _____
APPROVED? NO <input type="checkbox"/> COMMENTS _____	
RIDER STATUS: IN CATCHMENT <input type="checkbox"/>	DISTRICT PROGRAM <input type="checkbox"/>

*****ALL STUDENTS ARE EXPECTED TO BE AT THEIR BUS STOP 5 MINUTES AHEAD OF PICK UP TIME*****