



STUDENT BUS REGISTRATION

Please email completed form to either:

Williams Lake Dispatch: [wl.busing@sd27.bc.ca](mailto:wl.busing@sd27.bc.ca) 100 Mile Dispatch: [100mile.busing@sd27.bc.ca](mailto:100mile.busing@sd27.bc.ca)

Returning bus student

Student with diverse needs

New bus student

Preferred Last Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Street Address (no PO boxes): \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

School: \_\_\_\_\_

Grade \_\_\_\_\_

AM Bus Stop (if known): \_\_\_\_\_

PM Bus Stop (if known): \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

By checking this box, I indicate that I have read, understood, and have discussed with my child(ren) the terms and conditions outlined in the **Transportation protocols** located on the School District website.

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_