

# FOOTHILLS SCHOOL DIVISION NO. 38

Where the Finest Learning Opportunities are Found

[www.fsd38.ab.ca](http://www.fsd38.ab.ca)



## NEW/CHANGE STUDENT BUS REQUEST FORM

Inquiries 403 652-6538 Send completed form to: FAX: 652-1102 or EMAIL: [hertz@d@fsd38.ab.ca](mailto:hertz@d@fsd38.ab.ca)

LAST NAME:

|                           |                           |                           |                           |
|---------------------------|---------------------------|---------------------------|---------------------------|
| FIRST NAME:               | FIRST NAME:               | FIRST NAME:               | FIRST NAME:               |
| School Attending & Grade: | School Attending & Grade: | School Attending & Grade: | School Attending & Grade: |
| Father / Guardian         |                           | Mother / Guardian         |                           |
| Home Phone:               |                           | Home Phone:               |                           |
| Father Cell:              |                           | Mother Cell:              |                           |
| Father Work:              |                           | Mother Work:              |                           |

EMERGENCY CONTACT:

|   |         |          |       |                             |
|---|---------|----------|-------|-----------------------------|
| Rural Legal Land Description<br><input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW | Section | Township | Range | W of<br><br><b>Meridian</b> |
|---|---------|----------|-------|-----------------------------|

911 ADDRESS (MD Blue Sign):  
(In town: Resident Address)

MAILING ADDRESS:

(if different from resident address)



### OFFICE USE ONLY

EDULOG LOCATION ADDRESS:

|                |           |              |
|----------------|-----------|--------------|
| BUSSING INFO:  | A.M. BUS: | TRANSFER TO: |
| STOP LOCATION: | P.M. BUS: | TRANSFER TO: |

ADDITIONAL COMMENTS:

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|----------------|--|-------------|--|
| DATE RECEIVED: |  | START DATE: | <input type="checkbox"/> Contacted School about Address Change           |
| BUS PASS #:    |  | Fees Apply: | CALLLED: <input type="checkbox"/> DRIVER <input type="checkbox"/> PARENT |

|   |  |   |
|---|--|---|
| PAID: <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE |  | <input type="checkbox"/> ELIGIBLE <input type="checkbox"/> UNDER WALK LIMIT |
|   |  | <input type="checkbox"/> CHOICE SCHOOL                                      |

Your name, contact information, address, postal code and emergency contact are collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*. This information will be used in the administration of our Transportation program including eligibility for bussing. If you have any questions about the collection, contact Foothills School Division's FOIP Manager, 120 – 5 Avenue West, High River, AB, T1V 1M7 or at 403-652-6502 or [SpenceD@fsd38.ab.ca](mailto:SpenceD@fsd38.ab.ca).