THIS FORM IS FOR STUDENTS RESIDING IN ST.PAUL & ATTENDING SADDLE LAKE SCHOOLS



SADDLE LAKE EDUCATION AUTHORITY

Box 130, SADDLE LAKE, AB T0A 3T0

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STUDENT TRANSPORTATION SERVICES

ST PAUL TO SADDLE LAKE

PARENTS

Have a completed form submitted before child/ren ride the bus.

We are also asking parents/guardians to review the Bus Safety Rules with their children. Time spent in reviewing the Bus Safety Rules may prevent a problem at a later date.

It is mandatory that all the required fields * be filled out. A form must be filled out for EACH child.

* STUDENT NAME:		AGE:
	(First, Middl	, and Last)
* D.O.B:	*TREATY#_	BAND:
* GRADE ENTERING: K4	K5 1 2 3	4 5 6 7 8 9 10 11 12
* SCHOOL ATTENDING:	(PLEASE CH	ECK ONE)
ONCHAMINAHO	OS SCHOOL _	KIHEW ASINIY EDUCATION CENTRE
* LAST SCHOOL ATTENDEI): 	ame and phone number of last school)
PARENT/GUARDIAN:		
PHONE NUMBERS:	WORK:_	CELL:
LOCATION:		
ADDRESS:		
BUS NO: DRIVE	R NAME:	
	TH	ANK YOU!



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