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 Coordinator, Leon Moosewah: (780) 614-5427
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2026-2027

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, Middle, 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 CHECK ONE)

_____ ONCHAMINAHOS SCHOOL _____ KIHEW ASINIY EDUCATION CENTRE

*** LAST SCHOOL ATTENDED:** _____
(Name and phone number of last school)

*** PARENT/GUARDIAN:** _____

*** PHONE NUMBERS:**
HOME: _____ **WORK:** _____ **CELL:** _____

*** LOCATION:**

ADDRESS: _____

*** BUS NO:** _____ **DRIVER NAME:** _____

THANK YOU!

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