

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



SADDLE LAKE EDUCATION AUTHORITY

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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 _____ KIH EW ASINIY EDUCATION CENTRE

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

* PARENT/GUARDIAN: _____

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

* LOCATION:
ADDRESS: _____

OFFICE USE ONLY

BUS NO: _____ DRIVER NAME: _____

THANK YOU!



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