YEARLY REGISTRATION FOR BUSING REQUIRED

SCHOOL DISTRICT NO.35 (LANGLEY)

2009/10 REQUEST FOR BUS TRANSPORTATION

Student Last Name: **First Name:** **Note: One request form required for each student**	**School Attending (Sep/09):**
Catchment School: **(If different from school attending)**	**Grade (Sept/09):**
Parent/Guardian Name:	**Date of Birth:** **(MM/DD/YY)**
Relationship to Student:	**Personal Education Number:(PEN - 9 Numbers)**
Home Address: **Postal Code:**	**Home Phone #:** **Alternate Phone#:**
Please indicate type of service requested: ☐ **AM & PM** ☐ **AM only** ☐ **PM only**	
Parent/Guardian Signature:	**Date:** **(MM/DD/YY)**

Additional Information **(such as specific allergies or medical conditions):**

For questions about bus transportation service please contact:
Transportation Department
Phone: (604) 534-7891, local 330

Please return this form IMMEDIATELY

Return to your Bus Driver or send via Fax (604) 534-8129
or email to: busregistrations@sd35.bc.ca

or mail to:
School District No.35 (Langley)
Transport Department
20260 - 64th Avenue
Langley, BC V2Y 1N3

All payments should be sent to the School Board Office
Accounting Department, **4875-222 Street, Langley, BC V3A 3Z7**

Please do not write in this area. For school District use only.	
km - Home to School Attending:	**Eligible:** ☐
km - Home to Catchment School:	**Ineligible:** ☐
Date Received:	**Date Entered:**