

******* YEARLY REGISTRATION FOR BUSING REQUIRED *******

2011/12 SCHOOL DISTRICT NO.35 (LANGLEY)

REQUEST FOR BUS TRANSPORTATION

Student Last Name	First Name	M <input type="checkbox"/>	F <input type="checkbox"/>	School Attending (Sept/11)	Grade
Indicate service requested: <input type="checkbox"/> AM & PM <input type="checkbox"/> AM only <input type="checkbox"/> PM only				PEN #(on report card)	
Student Last Name	First Name	M <input type="checkbox"/>	F <input type="checkbox"/>	School Attending (Sept/11)	Grade
Indicate service requested: <input type="checkbox"/> AM & PM <input type="checkbox"/> AM only <input type="checkbox"/> PM only				PEN #(on report card)	
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Indicate service requested: <input type="checkbox"/> AM & PM <input type="checkbox"/> AM only <input type="checkbox"/> PM only				PEN #(on report card)	
Parent/Guardian Name:				Home Phone #:	
Relationship to Student:				Alternate Phone #:	
Home Address:				Postal Code:	
				Email:	
Parent/Guardian Signature:				Date:	
Additional Information (such as specific allergies, medical conditions or other comments):					

For questions about bus transportation service please contact:

Transportation Department

Phone: (604) 534-7891, local 330

Please return this form with payment IMMEDIATELY

Payment information on reverse of this form



Return to:
School District No.35 (Langley)
 4875 - 222 St
 Langley, BC, V3A 3Z7



Please do not write in this area. For school District use only.	
Km - Home to School Attending:	Eligible: <input type="checkbox"/> Ineligible: <input type="checkbox"/>
Date Received:	Date Entered: