

NOTICE: REQUEST WILL NOT BE PROCESSED UNTIL PREVIOUS YEAR BUS FEES HAVE BEEN PAID

www.abbyschools.ca

email: school.bus@abbyschools.ca

# ABBOTSFORD SCHOOL DISTRICT (NO.34)

Transportation 604.855.5278 Fax: 604.854.1448

## STUDENT TRANSPORTATION REQUEST

(one request form for each student, **MUST BE SIGNED BY PARENT**)



STUDENT _____		STUDENT _____	
<small>LAST NAME</small>		<small>FIRST NAME</small>	<small>SECOND NAME</small>
ADDRESS _____		STUDENT PEN NUMBER _____	
<small>STREET ADDRESS</small>		<small>CAN BE FOUND ON STUDENT REPORT CARD OR FROM SCHOOL</small>	
CITY _____		SCHOOL ATTENDING _____	
POSTAL CODE _____		APPROVED DISTRICT PROGRAM _____	
HOME PHONE _____		BIRTHDATE _____	
		<small>YEAR/MONTH/DAY</small>	
ALTERNATE PHONE _____		GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	
		GRADE _____	
PARENT/GUARDIAN _____		PARENT/GUARDIAN _____	
<small>LAST NAME</small>		<small>FIRST NAME</small>	
PARENT/GUARDIAN <b>EMAIL</b> : _____			
PARENT/GUARDIAN _____		DATE: _____	
<small>REQUEST MUST BE SIGNED &amp; DATED</small>		<small>SIGNATURE</small>	
REQUESTED START DATE: _____			

**NOTE: ALL CANCELLATIONS MUST BE DONE 5 DAYS PRIOR TO THE END OF THE MONTH**

**Please allow up to five days for approval and processing**

**FAX TO TRANSPORTATION 604.854.1448 OR SCAN TO SCHOOL.BUS@ABBYSCHOOLS.CA**

*All APPROVED RIDERS on Abbotsford School District Buses will be required to pay an annual fee.*

*Information on the amount payable and payment options for Eligible IN CATCHMENT and DISTRICT PROGRAM Riders can be found on the District's Website. [www.abbyschools.ca](http://www.abbyschools.ca)*

**\*\*DO NOT ATTACH MONEY/CHEQUES TO THIS REQUEST! TAKE THIS COMPLETED FORM, AFTER BUS INFORMATION IS ENTERED BY THE TRANSPORTATION DEPARTMENT, TO THE SCHOOL BOARD OFFICE, 2790 TIMS ST. ABBOTSFORD TO MAKE PAYMENT\*\***  
**DEBIT/VISA/MASTERCARD AVAILABLE OR SCHOOLCASHONLINE OPTION**

### ***BUSING DATA: To be completed by Transportation Department***

START DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

A.M.	BUS # _____	TIME _____	AM BUS STOP _____	DROP OFF _____
TRANSFER _____	TO BUS # _____	TIME _____	AM TRANSFER LOCATION _____	DROP OFF _____

P.M.	BUS # _____	TIME _____	PM SCHOOL PICK UP _____	DROP OFF LOCATION & TIME _____
TRANSFER _____	TO BUS # _____	TIME _____	PM TRANSFER LOCATION _____	DROP OFF LOCATION & TIME _____

APPROVED? NO  COMMENTS \_\_\_\_\_

**RIDER STATUS: IN CATCHMENT  DISTRICT PROGRAM**

**\*\*\*ALL STUDENTS ARE EXPECTED TO BE AT THEIR BUS STOP 5 MINUTES AHEAD OF PICK UP TIME\*\*\***