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## SCHOOL BUS TRANSPORTATION REQUEST FORM-2017

**Student First Name:** .....

**Student Last Name:** .....

**Gender:**  Male  Female

**Current Year Level:** .....

**Service requested start Date:** .....

**Parent / Guardian Name:** .....

**Signature:** .....

**Home Address:** ..... **Postal Code:** .....

**Home Number:** .....

**Work Number:** .....

**Mobile Number:** .....

**Two emergency contact person phone numbers must be given in case you cannot be reached:**

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**Please describe any emergency care requirements or medical conditions that we should be aware of (ie: allergies, seizures, Asthma). Any additional information:**

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Completed form should be returned to school by due date in order to confirm the bus for your child/children for 2017.

Office use:

All information provided

Signature..... Name.....