

# MOUNTAIN VIEW SCHOOL DIVISION

## STUDENT TRANSPORTATION REGISTRATION FORM

### TO BE COMPLETED BY STUDENTS ENROLLED IN MOUNTAIN VIEW SCHOOL DIVISION

**PARENTS OR GUARDIANS** - Please complete this form and return to your child's school or the Mountain View School Division Board Office. It is important that the form is *completed in full and returned promptly*. If the student is eligible you will be contacted by divisional staff to indicate the specific information regarding transportation services for the upcoming school year.

#### STUDENT INFORMATION

**NAME** \_\_\_\_\_ (Surname) \_\_\_\_\_ (Given Name)

**REGISTERED School** \_\_\_\_\_ **Grade (current)** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**HOME ADDRESS – PICK UP ADDRESS** (legal description or street address only)  
**Example: NW-8-24-18** \_\_\_\_\_

**REQUESTED PICK UP / DROP OFF ADDRESS** (legal description or street address only)  
 Mailing Address (including town, province, postal code) \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_ (Surname) \_\_\_\_\_ (Given Name) **Work Phone No.** \_\_\_\_\_  
 \_\_\_\_\_ (Surname) \_\_\_\_\_ (Given Name) **Alt. Phone No.** \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_ (Surname) \_\_\_\_\_ (Given Name) **Work Phone No.** \_\_\_\_\_  
 \_\_\_\_\_ (Surname) \_\_\_\_\_ (Given Name) **Alt. Phone No.** \_\_\_\_\_

#### SIBLING INFORMATION

Brothers and Sisters in order of age:	M/F	Date of Birth (mm/dd/yy)	School/Grade Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### HEALTH INFORMATION

**Medical PHIN Number** (9 digit) \_\_\_\_\_ **Family Doctor** \_\_\_\_\_

**Doctor's Phone No.** \_\_\_\_\_

Does your child have any health care needs that the bus driver needs to be aware of? (e.g.: allergies, asthma, heart condition, bleeding disorder, seizures, medication, etc.) Parents should list all types of medical history of their child to enable the School Division to deal with day-to-day emergencies.

No  Yes If yes, please ensure that a URIS Application Form has been completed and submitted to the school enrolled in.

Non-Life Threatening Allergy

Describe: \_\_\_\_\_

Medication

Does the child use any medications?  Yes  No

Please list: \_\_\_\_\_

Are there any other conditions the bus driver should be aware of?  
 \_\_\_\_\_

<b>OFFICE USE ONLY</b>
BUS # _____
Transfer _____
Initials _____

#### PARENT/GUARDIAN SIGNATURE

I am aware that the information on this form will be used to determine eligibility for transportation services if required, as well as for determining funding criteria as determined by Manitoba Education & Training.

I request that my child receive transportation services  New Application Effective Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_