



**Wasauksing First Nation**  
**Bus Transportation Registration Form**  
**School Year: 2018/19**

**Name(s) of Child/Children:**

- 1. \_\_\_\_\_ Gr./School: \_\_\_\_\_ Age: \_\_\_\_\_
- 2. \_\_\_\_\_ Gr./School: \_\_\_\_\_ Age: \_\_\_\_\_
- 3. \_\_\_\_\_ Gr./School: \_\_\_\_\_ Age: \_\_\_\_\_
- 4. \_\_\_\_\_ Gr./School: \_\_\_\_\_ Age: \_\_\_\_\_

**Fire Route Address:** \_\_\_\_\_

**Name(s) of Parent(s) and/or Guardian(s) and Contact Number:**  
(Please provide the home address if one of the parents does not reside in Wasauksing.)

- 1. \_\_\_\_\_ **Phone:** \_\_\_\_\_
- 2. \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact Information:**  
(*other than parent – for use if parent cannot be reached*)

- 1. \_\_\_\_\_ **Phone:** \_\_\_\_\_
- 2. \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health Card #** Child \_\_\_\_\_ **Child** \_\_\_\_\_  
                          Child \_\_\_\_\_ **Child** \_\_\_\_\_

**If there is any medical information that the driver should know (e.g. allergies/anaphylaxis), please outline below:**

**Child/Info:** \_\_\_\_\_  
\_\_\_\_\_

**If there are any extenuating circumstances why you feel that your child(ren) should be eligible for transportation, please describe in the space below.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You will be notified by our Education Counsellor if your request is approved. Miigwetch!**