



Parry Sound High School
Bus Transportation Registration Form
School Year: 2020/21

Name(s) of Student(s):

- 1. _____ Gr. ____ Age: ____
- 2. _____ Gr. ____ Age: ____
- 3. _____ Gr. ____ Age: ____
- 4. _____ Gr. ____ Age: ____

Fire Route Address: _____

Name(s) of Parent(s) and/or Guardian(s) and Contact Number:

- 1. _____ Phone: _____
- 2. _____ Phone: _____

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

- 1. _____ Phone: _____
- 2. _____ Phone: _____

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

Student Name/Brief Description of Pertinent Medical Information:

Please scan and return the completed form to education@wasauksing.ca.
An electronic copy can also be found on the WFN website.
Or, for more information, please send an email to the above email address.

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