

Student Transportation Request Form



All students riding the school bus within Horizon School Division No. 67 must be authorized and registered with the Horizon School Division Office. To register your child or update your child's information please complete this form and return it to:

Tenille Miller, Transportation Coordinator
Horizon School Division
Address: 6302 56 Street, Taber AB, T1G 1Z9
Phone: 403.223.3547 ext.126
Fax: 403.223.2999
Email: tenille.miller@horizon.ab.ca

If you are requesting transportation to a school other than your child's designated school you must also complete the:

- *School Placement for Non-Designated School*
- *Transportation Request for Non-Designated School*

These forms are available from your School Secretary for online at: <http://horizon.ab.ca/documents/general/IC.pdf>

Family Address

***Please complete section a) or b) in full.**

a) MD Resident

MD Blue Sign # (Circle One) Rg Rd / Twp / Hwy

Legal Land Description W4

Quarter Section Township Range Meridian
(NE, SE, NW, SW)

M.D. or County _____

Box Number _____ Postal Code _____

b) Town Resident

House Number and Street Address _____

Town/Village/ Hamlet _____ Postal Code _____

Family Emergency Contact Info

Home Phone Number _____

Parent Name: _____

Parent Work Phone Number: _____ Parent Cell Phone Number: _____

Parent or Other Contact: _____ Relationship to Child: _____

Other Contact's Phone Number: _____

Type of Request

This request is for:

A New Student to Horizon

A Registered Student That is Moving to a New Location within Horizon *(to report an address change)*

Effective Date

***Once the all the required information is obtained it may take up to 48 hours to arrange for bus services.**

This request is for bus services:

As soon as possible

As of _____ *(include effective date here)*

Please complete the following page with information for each child that is being registered for bus services.

Student Information

Alberta Student Number *(provided by School Secretary)*:

Student Legal Name *(as shown on birth certificate)*: _____

School Name: _____

Grade: _____

Date of Birth:
YYYY MM DD

Gender: M F

Student Allergies and /or Medical Concerns to be aware of: *(ex: Allergy to Nuts, Carries an EpiPen, etc.)*:

Student Information

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