

PLEASE DO NOT WRITE IN THIS AREA. FOR SCHOOL USE ONLY.

KMs Walk Distance:

Date Received:

## 2019-2020 REQUEST FOR BUS TRANSPORTATION

(All Students wishing to ride the bus MUST apply EACH year)

Student Name (First, Last)	School Attending	Grade (Sept 2019)	Student Number	
Parent/Guardian Name(s)				
Address		Postal Code		
Telephone #	Email			
A paid pass for students n The cost of a	egardless of previous busing his ot eligible for free busing is obtaina a paid pass is \$300 per year rega ng passes are \$150 regardless o	able only if space is av	/ailable.	
	ardian Signature	Ū	_	
	STUDENTS AND PARENT/	GUARDIAN		
Please review the Passen	nger Guidelines on the back of this requestorth both sides of this form before a pass value.		T be provided on	
Email completed forms	s to: facl-transportation-mail@surreysch	ools.ca or drop off at the	school office.	

Eligible:

Bus Route:

Courtesy: