



BUS REGISTRATION 2019-2020

BUSING TYPE: New to District Regular Special Needs ISP

~~~Please complete reverse~~~

|                                                                                                                                                         |                                                                                  |                                                                                       |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>STUDENT INFORMATION</b>                                                                                                                              |                                                                                  | <b>START DATE</b>                                                                     |                                                          |
| <b>Student ID:</b>                                                                                                                                      | <b>Gender:</b>                                                                   | <b>Last Name:</b>                                                                     | <b>First Name:</b>                                       |
|                                                                                                                                                         | M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> |                                                                                       |                                                          |
| <b>Birth Date (mm/dd/yy):</b>                                                                                                                           | <b>School:</b>                                                                   | <b>Grade:</b>                                                                         | <b>Met by adult at stop?</b>                             |
|                                                                                                                                                         |                                                                                  |                                                                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Medical Alerts:</b>                                                                                                                                  |                                                                                  | <b>Medical Notes:</b>                                                                 |                                                          |
| Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                |                                                                                  |                                                                                       |                                                          |
| <b>Special Needs Required Days:</b>                                                                                                                     |                                                                                  |                                                                                       |                                                          |
| AM: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> |                                                                                  |                                                                                       |                                                          |
| PM: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> |                                                                                  | Required:    Other Equip <input type="checkbox"/> Wheelchair <input type="checkbox"/> |                                                          |

| PARENT/GUARDIAN/EMERGENCY CONTACTS |       |       |       |
|------------------------------------|-------|-------|-------|
| Name/Relationship:                 | Home: | Cell: | Work: |
|                                    |       |       |       |
|                                    |       |       |       |
|                                    |       |       |       |
|                                    |       |       |       |

| BUSING ADDRESS** (Must include House #, Street Name, City, Postal Code) |                                                                 |
|-------------------------------------------------------------------------|-----------------------------------------------------------------|
| Home                                                                    | Bus AM <input type="checkbox"/> Bus PM <input type="checkbox"/> |
| Alternate                                                               | Bus AM <input type="checkbox"/> Bus PM <input type="checkbox"/> |
| Daycare                                                                 | Bus AM <input type="checkbox"/> Bus PM <input type="checkbox"/> |

~~~Please complete reverse~~~

**Parents may register their child using a home address and an alternate address providing the alternate is due to parental custody or elementary student daycare needs only. The Transportation Department will not offer busing to students going home with other students, attending after school events or other after school functions.



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SCHOOL BUS CODE OF CONDUCT

1. **All students must produce a valid bus pass and scan on and off buses daily.**
2. Students must ride the bus to which they are assigned and get on/off at their regular stop unless prior notification is given to the transportation department (minimum three-day notice is required).
3. Talk quietly so the driver will not be distracted.
4. Use appropriate language at all times.
5. Respect the rights of all others on board.
6. Remain seated while the bus is in motion.
7. Keep all parts of your body inside the bus (do not hang any parts out the window).
8. Keep emergency exits clear of obstacles and closed.
9. Vandalism on a school bus will not be tolerated and students will be held responsible for any damages.
10. Save your litter for the litter bin.
11. Absolutely no smoking, vaping, use of matches or lighters on any buses or school district property.

The driver is in charge of the school bus and students shall follow his/her direction promptly and at all times.

Tick the box to indicate you have read and shared with your student.

| | | | |
|---------------|--|------------|--|
| PRINT PARENT: | | Signature: | |
|---------------|--|------------|--|

| | |
|--------|--|
| EMAIL: | |
|--------|--|

REGISTRATION STEPS (New Bus Students)

- 1) ALL Kindergarten and new students must submit a photo (please indicate) name to busregistration@sd79.bc.ca
- 2) Once registered parent/Guardians will receive an email indicating registration is complete.
- 3) Please follow the link for routing information and to confirm contacts Elink <http://bus.sd79.bc.ca/elinkrp/Login.aspx>
- 4) Passes will be available for pickup at schools Aug 26 - Sept 12, 2019 after this date passes will be delivered with students afternoon driver.
- 5) Replacement cost for lost or damaged bus passes for all students is \$10.00.
- 6) **Completed forms can be emailed to busregistration@sd79.bc.ca or faxed 250-748-2132**

PLEASE ALLOW A MINIMUM OF 3 DAYS FOR PROCESSING

Registration Clerk – Kim Duffe
 2557 Beverly Street, Duncan BC V9L 2X3
 Phone: 250-748-1066 ext 276
 Email: busregistration@sd79.bc.ca
 Office Hours: 8:30am – 4:30pm

Field Trips & Special Needs – Paula Divis
 2557 Beverly Street, Duncan BC V9L 2X3
 Phone: 250-748-1066 ext 273
 Email: busdispatch@sd79.bc.ca
 Office Hours: 7:00am – 3:00pm

Supervisor – Selena Hayes
 2557 Beverly Street, Duncan BC V9L 2X3
 Phone 250-748-1066- ext 275
 Email: transportationsupervisor@sd79.bc.ca