



TRANSPORTATION CHANGE FORM 2019-2020

Student #:	Name:	Date:
------------	-------	-------

ADDRESS CHANGE – Please indicate full address street etc	EFFECTIVE DATE:
---	------------------------

PREVIOUS ADDRESS:

NEW ADDRESS:

ADDITIONAL ADDRESS:

SCHOOL CHANGE	EFFECTIVE DATE:
----------------------	------------------------

PREVIOUS SCHOOL:

NEW SCHOOL:

EMERGENCY CONTACT CHANGE	EFFECTIVE DATE:
---------------------------------	------------------------

PREVIOUS CONTACT:

NEW CONTACT:

PREVIOUS CONTACT:

NEW CONTACT:

CANCELATIONS/ADDITIONAL INFORMATION	EFFECTIVE DATE:
--	------------------------

--

PARENT/GURADIAN NAME	SIGNATURE
-----------------------------	------------------

Completed forms can be emailed to busregistration@sd79.bc.ca or fax 250-748-2132

Allow 3 days for updates – log onto elink to confirm updated details