



ROCKY VIEW SCHOOLS URBAN BUS PASS APPLICATION

2011-2012

For City of Airdrie, Town of Cochrane or Town of Chestermere students only

Rocky View Schools
Transportation Department
2651 Chinook Winds Dr. SW
Airdrie, AB T4B 0B4

Bus Pass cost is **\$135.00** for each student, Grades 1-12, per school year to a maximum family rate of **\$270.00**. No Charge for Kindergarten students.
Fees are not pro-rated for partial bus use. Bus Passes **WILL NOT** be mailed unless payment has been made. Replacement bus pass cost is **\$15.00**.

Phone: 403-945-4101
Fax : 403-945-4089
Visit our website:
www.rockyview.ab.ca

Registration form to be completed and submitted with payment to Rocky View Schools Prior to July 31, 2011 to ensure receipt of bus passes prior to school start-up.

Student #1 Information		<u>START DATE:</u> Month	Day	Year
Legal Last		Legal First Name:		
Preferred Last Name (If different from above):		Preferred First Name:		
School:	Grade:	French Immersion YES <input type="checkbox"/> NO <input type="checkbox"/>		Kindergarten AM <input type="checkbox"/> PM <input type="checkbox"/>
Bus routing Address, Caregiver name & phone number: (If different than home address, i.e.: caregiver):				Medical Conditions:

Student #2 Information		<u>START DATE:</u> Month	Day	Year
Legal Last Name:		Legal First Name:		
Preferred Last Name (If different from above):		Preferred First Name:		
School:	Grade:	French Immersion YES <input type="checkbox"/> NO <input type="checkbox"/>		Kindergarten AM <input type="checkbox"/> PM <input type="checkbox"/>
Bus routing Address, Caregiver name & phone number: (If different than home address, i.e.: caregiver):				Medical Conditions:

Student #3 Information		<u>START DATE:</u> Month	Day	Year
Legal Last Name:		Legal First Name:		
Preferred Last Name (If different from above):		Preferred First Name:		
School:	Grade:	French Immersion YES <input type="checkbox"/> NO <input type="checkbox"/>		Kindergarten AM <input type="checkbox"/> PM <input type="checkbox"/>
Bus routing Address, Caregiver name & phone number: (If different than home address, i.e.: caregiver):				Medical Conditions:

Parent/Guardian Information				
Father's Full Name (Living with child?) YES <input type="checkbox"/> NO <input type="checkbox"/>		Mother's Full Name (Living with child?) YES <input type="checkbox"/> NO <input type="checkbox"/>		
Father's Work No:	Cell:	Mother's Work No:	Cell:	
Home Telephone:	Street Address:			
Mailing Address:	City:		Postal Code:	

The information on this form is being collected pursuant to the School Act and the Freedom of Information and Protection of Privacy Act.

Please indicate your method of payment. Bus Passes **WILL NOT** be mailed until payment is received. Cheques are payable to Rocky View Schools

Visa/American Express
 MasterCard *
 Cash
 Cheque Number _____
 Debit
 Amount: _____

Visa/American Express
 MasterCard No. _____
 Expiry Date: _____
 Name of Credit Card Holder: _____
 Please Print _____

* If paying by Credit card and you would like a receipt please provide email address: _____

Office Use:		Cr. Card Auth. No.	Process Date & Initials:
Date Bus Pass Received :	Mailed <input type="checkbox"/>	Picked Up <input type="checkbox"/>	Entered In Edulog: Application Rec: