



PH: 306-374-5161
FAX: 306-374-2442

HERTZ NORTHERN BUS
Student change/Add form
2024-2025



STATUS: _____

DATE: _____
MM / DD / YY

SCHOOL: __Sylvia Fedoruk School_____

ENGLISH

FRENCH IMMERSION

STUDENT: _____
Last Name, First Name

GRADE: _____

STUDENT: _____

GRADE: _____

STUDENT: _____

GRADE: _____

STUDENT: _____

GRADE: _____

*PLEASE NOTE: STUDENTS GRADE 2 AND UNDER MUST BE MET AT THE BUS STOP

PICK UP ADDRESS: _____

DROP OFF ADDRESS: _____

PARENT/GUARDIAN: _____ TEL: _____

PARENT/GUARDIAN: _____ TEL: _____

DURING THE SCHOOL YEAR, TRANSPORTATION WILL BE ARRANGED WITHIN 48 HOURS UPON RECEIPT OF THIS FORM

PARENT/GUARDIAN SIGNATURE: _____

FOR OFFICE USE ONLY

PICK UP ROUTE: _____ TIME: _____

DRIVER: _____ STOP: _____

DROP OFF ROUTE: _____ TIME: _____

DRIVER: _____ STOP: _____