



**FORT McMURRAY CHRISTIAN SCHOOL  
2011-2012 School Bus Registration Form**

**Please complete one form per family**

Student's Name:	_____	Grade:	_____
Student's Name:	_____	Grade:	_____
Student's Name:	_____	Grade:	_____
Student's Name:	_____	Grade:	_____

**Home Address**    Apt #: \_\_\_\_\_ Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Alternate Address**    Apt #: \_\_\_\_\_ Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Caregiver/Sitter**    Apt #: \_\_\_\_\_ Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please indicate which address your child(ren) will require transportation to and from:**

Home:                       Alternate:                       Caregiver/Sitter:

Bus stop location is based on distance from pick up address to closest master stop.

**Bussing Fee:**            **\$400.00 per student**            *Kindergarten Students at FMCS only have bussing to school in the morning and both ways on the Fridays school is in session.*

Forms of Payment accepted: Cash or Cheque.

If transportation is required from two different addresses applicable transportation requirements must be met. Fees will be based on the home address and a second bus pass must be purchased.

**Failure to pay transportation fees will result in loss of bus privileges.**

**STUDENTS MUST HAVE A BUS PASS TO GET ON THE BUS**  
 (Cost of a replacement bus pass is \$5.00)

**If a student no longer requires bussing please notify the school office immediately.  
Appropriate refund will be given from the date of notification:**

Date off Bus: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

<b>OFFICE USE ONLY!</b>	
Subdivision:	_____
Route #:	_____
Bus Pass Color:	_____
Bus Pass Number:	_____
Bus Stop:	_____
Method of Payment:	_____
Paid in Full:	<input type="checkbox"/> Date Paid: _____