



**SCHOOL BUS REGISTRATION FORM**  
**Sk'elep School of Excellence**  
**2025-2026**



**Student Name:** \_\_\_\_\_

**Student Age:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Work Number:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Work Number:** \_\_\_\_\_

***Emergency Contact Information:***

**Name:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Work Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Work Number:** \_\_\_\_\_

**OFFICE/BUS DRIVERS USE ONLY**

**Bus Number:** \_\_\_\_\_

**Bus Stop:** \_\_\_\_\_