Peigan Board of Education Society

Transportation Department

2026-2027 School Year Bus Registration

ParaTransit Bus

First Name: _____ Last Name: _____

Date of Birth: Day: _____ Month: _____ Year: _____

Treaty Number: _____

Requires Wheel Chair Access: ____ Mobility Limitations: _____

Requires Assistance Boarding/Onboarding Bus____

Parent/ Guardian: _____

Home Telephone: _____ Cell Number: _____

Emergency Contact: _____ Relationship: _____

Home Telephone: _____ Cell Number: _____

School: _____ Grade: _____

Pick-Up & Drop-Off Point: _____

Legal Land Description/ Address: _____

Parent/ Guardian Signature: _____

Deadline June 26, 2026 – Return to Transportation office or

Email: transportation@piikani.ca

Office Use
Bus Driver & Route: _____
Approved Date: _____
Approved By: _____

Updated May 15, 2026