

Peigan Board of Education Society

Transportation Department

2026/2027 School Year Bus Registration



First Name: _____ Last Name: _____

Date of Birth: Day ____ Month: ____ Year: ____

Treaty Number: _____ Known Allergies: _____

Parent/Guardian: _____

Home Phone#: _____ Cell Phone#: _____

Emergency Contact: _____ Relationship: _____

Home Phone#: _____ Cell Phone#: _____

School: _____ Grade: _____

Pick-Up & Drop-Off Point: _____

Legal Land Description/Address: _____

One registration form per student. One pick-up, one drop-off; each student is registered to one bus ONLY. Return completed form to the bus driver or drop off at Board Office before June 27, 2026; all late registrations will be put on a waitlist

Office Use:

Bus Driver & Route _____ Approved Date: _____ Approved by: _____

Email for to Wayne Provost <wprovost@piikani.ca>