

Part Time Busing Application

Students Name(s):
Primary Home Address:
Email Address:
Route and Stop Location: (Please visit the school website to review the route and stop you would like to use)
Do you require AM or PM? (please circle)
I have read and understand the attached conditions regarding part time busing. I am aware that I will forfeit my Parent Provided Funding from the government as it will be used to subsidize the bus fees.
Signature: _____ Date: _____

Notes

****You may use one application for all students in your family**

****Please fax your completed form to (403) 249-3422 attention Karen Shaul(preferred) or email it to karen.shaul@westmountcharter.com.**