

## **CIS- BUS REQUEST FORM**

Witness:

Omar Bin Khattab Campus 225 - 28 Street SE Calgary, AB T2A 5K4

te:							
uder	nt(s):						
	Last Name	First Name		Grade	Campus (A.J or OBK)	Pick Up	Drop Off
	Service Request Commencement Date: Requested pick up & drop off area:						
	Billing Address:	Р	Parent / Guardian Info:				
	E H		ull Name:				
			mail Addess:				
			ome Phone Number:				
			ell Phone Number:				
• • • • • • • • • • • • • • • • • • •	note the following important informal Arrangement for payment of bus a Service may be temporarily suspendents may be removed from the Student conduct on school buses suspension of privileges.  Filling out this form does not guar PLEASE RETURN THIS FORM VIA E	service must be madended due to extremente bus if behavioral is to be consistent wantee that there wi	de prior to the commence e weather or other unco problems aren't in comp vith that expected of the Il be a bus available for y	ntrollable ev liance with t student in t	vents (there will be no refund he Transportation Guide. he classroom. Violations or m	nisbehavior ma	ay result in the
have read and agree to the above Terms and conditions  Parent/ Guardian Signature:				his part is for o	office Use only:		