



PH: 306-374-5161  
FAX: 306-374-2442

**HERTZ NORTHERN BUS**  
*Student change/Add form*  
**2025-2026**



STATUS: \_\_\_\_\_

DATE: \_\_\_\_\_  
MM / DD / YY

SCHOOL: \_\_Sylvia Fedoruk School\_\_\_\_\_

ENGLISH

FRENCH IMMERSION

STUDENT: \_\_\_\_\_  
Last Name, First Name

GRADE: \_\_\_\_\_

STUDENT: \_\_\_\_\_

GRADE: \_\_\_\_\_

STUDENT: \_\_\_\_\_

GRADE: \_\_\_\_\_

STUDENT: \_\_\_\_\_

GRADE: \_\_\_\_\_

\*PLEASE NOTE: STUDENTS GRADE 2 AND UNDER MUST BE MET AT THE BUS STOP

PICK UP ADDRESS: \_\_\_\_\_

DROP OFF ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ TEL: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ TEL: \_\_\_\_\_

DURING THE SCHOOL YEAR, TRANSPORTATION WILL BE ARRANGED WITHIN 48 HOURS UPON RECEIPT OF THIS FORM

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

*FOR OFFICE USE ONLY*

PICK UP ROUTE: \_\_\_\_\_ TIME: \_\_\_\_\_

DRIVER: \_\_\_\_\_ STOP: \_\_\_\_\_

DROP OFF ROUTE: \_\_\_\_\_ TIME: \_\_\_\_\_

DRIVER: \_\_\_\_\_ STOP: \_\_\_\_\_