## QUEEN OF ANGELS CATHOLIC SCHOOL - BUS REGISTRATION FORM 2024-25

The following information is needed to assist us in assigning your child to a school bus route.
*Please note that our bus routes are reviewed annually based on ridership registration information. For this reason, it is very important for families to submit their bus registration forms in a timely manner. If you have any questions regarding bus routes, please contact our office at qa@cisdv.bc.ca or 250-746-5919.

Please check appropriate boxes. Refer to website https://queenofangels.ca/ for Bus Stop information.

1. $\square$ New bus student to riding bus, or $\square$ Current bus student (from previous school year)
2. $\square$ South Bus - Bus stop: $\qquad$
3. $\square$ North Bus - Bus Stop:
4. $\square$ Full-time Rider $\square$ *Part-time Rider ( $50 \%$ time) $\square$ Drop-in Voucher Rider
*Part-time Riders please specify:
AM Days Required: $\square$ All or $\square$ Monday $\square$ Tuesday $\square$ Wednesday $\square$ Thursday $\square$ Friday Bus Stop: $\qquad$ PM Days Required: $\square$ All or $\square$ Monday $\square$ Tuesday $\square$ Wednesday $\square$ Thursday $\square$ Friday Bus Stop: $\qquad$
Please note: Bus stops are reviewed at the onset of each school year and may result in minor changes to the posted schedule.

## Student Riders (First and Last name):

1. Name: $\qquad$ Grade: $\qquad$ 2024-25 School Year
2. Name: $\qquad$ Grade: $\qquad$ 2024-25 School Year
3. Name: $\qquad$ Grade: $\qquad$ 2024-25 School Year
4. Name: $\qquad$ Grade: $\qquad$ 2024-25 School Year

## Student Address Information:

Student Address: $\qquad$ City: $\qquad$
Subdivision or Cross Streets:
Does your Child need to be met at the bus stop? $\square$ Yes $\square$ No

## PARENT CONTACT INFORMATION:

Parent or Guardian Name:
Email Address: $\qquad$
Phone Numbers (Home) $\qquad$ (Work) $\qquad$ (Cell) $\qquad$

## EMERGENCY, MEDICAL OR LEGAL INFORMATION:

Please list any health, allergy or family situation a bus driver should be aware of in case of an emergency or to keep your child safe. *This area MUST be filled out. If Health or Safety Concerns are not applicable, please state NONE*

| Student | Health Concern | Safety Concern | Action Required by Driver |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Family Members or other Contacts authorized to pick up your child if you are not available:

1. Name: $\qquad$ Phone: $\qquad$ Relationship: $\qquad$
2. Name: $\qquad$ Phone: $\qquad$ Relationship: $\qquad$
3. Name: $\qquad$ Phone: $\qquad$ Relationship: $\qquad$
*Bus drivers have access to all contacts and phone numbers for each child. In the case of an emergency, a quick list is referenced by the bus driver that contains two main contact numbers.

Primary two contact numbers in the event of an emergency (can be two phone \#'s for the same person):

1. Name: $\qquad$ Phone: $\qquad$
2. Name: $\qquad$ Phone: $\qquad$

Please read the Bus Information for Queen of Angels School riders below. Your signature indicates that you and your child(ren) are aware of, and will abide by, the rules for riding the bus. Failure to comply with these rules may result in the loss of riding privileges on the school bus.

Parent/Guardian Signature: $\qquad$ Date: $\qquad$

## BUSING INFORMATION FOR QUEEN OF ANGELS SCHOOL RIDERS

Thank you for taking the time to go over these rules with your child(ren).
Every effort will be made to see that the transportation we provide is safe, comfortable, and pleasant. Have a safe year riding the bus!

## GETTING ON \& OFF THE BUS:

1. Be at the bus stop five minutes early.
2. Wait for your bus in a safe place -3 m off of the roadway.
3. Wait for the bus to stop before you walk to it.
4. When crossing the roadway, students shall only cross in front of the bus.
5. If you drop something under or near the bus, don't pick it up until you tell the bus driver.

## BUS CONDUCT:

1. The driver is in charge at all times. Please cooperate with his/her directions.
2. Take your seat promptly and sit properly with your feet on the floor and facing forward at all times.
3. Keep your head and arms - everything - within the bus. Do not throw anything inside or outside the bus at any time.
4. Talk quietly and respectfully. Students are to avoid behaviour that might divert the driver's attention.
5. Do not eat or drink on the bus.
6. Do not litter, write on, or damage the bus and its contents in anyway.
7. Any use of electronics is up to the bus driver's discretion and will be determined individually.

## UNSAFE CONDITIONS:

If the bus driver is concerned about road or weather conditions, they will be in close contact with school administration. Once a decision has been reached, families will be contacted.

## QUEEN OF ANGELS CATHOLIC SCHOOL BUS FEES 2024-25

|  <br> North Bus (Crofton/Chemainus) | Full -time Rider <br> Monthly Fee | Part-time Rider* <br> Monthly Fee | Drop-in Voucher <br> Rider** <br> Single Ride Pass |
| :---: | :---: | :---: | :---: |
| 1 Student Rate | $\$ 110.00$ | $\$ 70.00$ | $\$ 5.00$ each |
| 2 Students Rate | $\$ 180.00$ | $\$ 115.00$ | - |
| 3 Students Rate | $\$ 240.00$ | $\$ 155.20$ | - |
| 4 Students Rate | $\$ 270.00$ | $\$ 170.00$ | - |
| Ladysmith Extension <br> Route (North Bus) | Full-time Rider <br> Monthly Fee | Part-time Rider* <br> Monthly Fee | Drop-in Voucher <br> Rider** <br> Single Ride Pass |
| 1 Student Rate | $\$ 165.00$ | $\$ 105.00$ | $\$ 7.00$ each |
| 2 Students Rate | $\$ 265.00$ | $\$ 170.00$ | - |
| 3 Students Rate | $\$ 345.00$ | $\$ 220.00$ | - |
| 4 Students Rate | $\$ 390.00$ | $\$ 245.00$ | - |

* Note: Part-time Rider rate is at an approximate 35\% discount
** Drop-in Voucher Rider passes are available for purchase through the office

