



PUBLIC TRANSIT REGISTRATION FORM
SCHOOL YEAR: _____

STUDENT:

Last Name: _____ First Name: _____

School (select one): EET FHC PC Vanier Other _____

HOME ADDRESS:

House/Apt/Lot #: _____ Street/Road: _____

Parent(s)/Guardian(s) Name, Phone Number (Daytime) and Email Address

CONSENT: A parent's or guardian's signature is required below for all students. This confirms consent for the student named above to be given a City of Whitehorse monthly Transit Pass by Yukon Education.

Note: Students will be subject to the City of Whitehorse Transit Passenger Code of Conduct.

Students who choose to receive a free transit pass **will not** be eligible to ride the regular school bus.

Parent(s)/Guardian Name: _____

Parent(s)/Guardian Signature: _____ Date: _____

Personal information on this form is being collected under the authority of the *Education Act* for the purpose of administering Yukon Education school busing services and providing student transportation. Information collected on this form will be managed in accordance with the *Access to Information and Protection of Privacy Act*.

For further information, please contact the Student Transportation Officer at 867-667-5172 or toll-free at 1-800-661-0408, or visit the Education Building, 1000 Lewes Boulevard, Whitehorse, Yukon.