



~K-12 Christian School of Excellence~

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BUS TRANSPORTATION INFORMATION SHEET (VSTA Bus Services)

PLEASE READ THE FOLLOWING CAREFULLY, FILL OUT THE FORM BELOW AND RETURN IT TO THE SCHOOL.

Once submitted & time stamped, this form will serve as confirmation of your place in line for bussing services.

Please note that our bus capacity is limited and registration into FVAA does not guarantee a spot on the bus. Also note that returning students are not guaranteed a spot on the bus. Upon receiving financial clearance from the Finance Office and receipt of this completed form, the time stamp at the bottom of the form will hold your place in the bus transportation line or on the wait list. Seats on the bus will be on a first-come, first-served basis. Students not using the bus on a regular basis may be asked to forfeit their space for another student on the waiting list who desires full time bus transportation.

Once we receive your information, VSTA will assign a group pick up location, based on information provided. If you plan on moving, please inform VSTA as soon as possible so we can best accommodate services for your family. Please note that a move after bus service has been assigned may place your child(ren) on a wait list for bus service if the requested route is full

Additionally, it is imperative to have up-to-date daytime contact information for each household using the bus services in case of emergency, schedule change, or incident.

We look forward to serving you.

Family Name: _____

Please choose one option and follow the directive:

- ☐ My family does NOT require bus transportation services. *Skip to signature and date.*
- ☐ My family requires bus transportation services. *Please fill out the form completely.*

Child(ren)'s Name(s)	Grade(s)

Current Address: _____

Daytime cell number: _____ Name & Relation to child(ren): _____

I [print name] _____ have read the above information and understand that I am not guaranteed a spot on the bus, however this information and form holds my place in line for bus transportation services as necessary.

Signature: _____ Date: _____

Office Use Only: Date & Time received _____