

YOU MUST COMPLETE THIS FORM AND RETURN TO FWFN EDUCATION DEPARTMENT OR THERE WILL BE NO SCHOOL BUS SERVICE PROVIDED!



2026-2027



FORT WILLIAM FIRST NATION
SCHOOL BUS REGISTRATION FORM

Registration forms are **mandatory** to ride the FWFN school bus and must be submitted Friday June 26/2026

This information is required for administrative, safety issues and planning purposes. All school bus registration forms must be submitted by Friday June 26, 2026 to support planning and internal processing. While late registrations will be accepted, families should be aware that during peak periods (late August and early September), transportation requests may take 3-5 school days to be accommodated.

Questions or concerns, please contact Shyra by email: Shyrabannon@fwfn.com

STUDENT INFORMATION - one form for each child

Legal Last Name:		Legal First Name:	
Preferred Name (if different from above)		Date of Birth:	
School:	Grade:	Status Card #: (If applicable)	
Medical Conditions: IS AN EPI-PEN REQUIRED FOR THIS STUDENT? YES [] NO []			
Will you require us to pick up your child/ren in morning: YES [] NO []		Will you require us to pick up your child/ren after school: YES [] NO []	
Address for pick up:		Address for drop off is same as pick up [] or:	

The start date for JK student: _____ Let Us Know As Soon as Possible

REQUIRED INFORMATION

Are you and the children listed on this form status members of Fort William First Nation? (Circle one)	If you are not a status member of Fort William First Nation, do you own or rent a home on FWFN? (Circle one)
Yes or No	Yes or No

If the child listed on this form is NOT a status FWFN member, please select ONE of the following to indicate how they are affiliated to FWFN (*we need to know this information for tuition purposes*):

Biological or Adopted [] Step Child [] Foster Child []

PARENT/GUARDIAN INFORMATION

Relationship to Student: Mother [] Father [] Grandparent [] Foster Home [] Other: _____

First Name:	Last Name:	Home #	Cell #
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Mailing address: _____

Parent Status Card Number (if applicable): _____

NUTRITION PROGRAM

I give permission for my child to participate in the FWFN Student Nutrition Program.
YES [] NO []
Inform staff, in writing, if student has any allergies below.

Allergies:

Additional forms are available by contacting Shyra Bannon, (807) 622-8802 ext 270

Please return form by Friday June 26/2026:
- by emailing the completed form to: Shyrabannon@fwfn.com
- or by dropping it off at the Band Office/ or mail to: Fort William First Nation Education Department
90 Anemki Drive, Suite 200
Fort William First Nation, ON P7J 1L3
- or by fax: 807.623.9150