School Busing Program

CANCELLATION REQUEST



Please complete this form digitally on your device, and return the completed form to Bearspaw Christian School:

RETURN IN PERSON:

Attn: Busing Coordinator 15001 – 69 Street NW, Calgary, AB

RETURN BY EMAIL:

Attach saved file and send to busing@bearspawschool.com

Please Note:

- Requests must be made a minimum of **30 days** prior to cancellation date. *No exceptions*.
- A prorated refund (within the payment terms) shall be made upon receipt of this completed form. No refunds will be processed for service cancellations after April 30th.
- Any remaining credit will be applied to outstanding fees prior to issuing a refund.
- Please allow up to 4 weeks for processing.

STUDENT INFORMATION

Please **CANCEL** the School Bus Transportation Contract for the following student(s):

Last Name	First Name	Grade Level
REASON FOR CANCELLATION		
Please mail the Refund Cheque (if applicable) to:		
Last Name	First Name	
		_
Address	City Postal Cod	е
Evening Phone	Email Address	

Parent/Guardian #1 Signature	Date	Parent/Guardian #2 Signature	Date