

Bus Registration Form

2017-2018

Office Use Only	
School: _____	Date: _____
Driver(s): _____	ROUTE: _____
Computer: _____	Start Date: _____

Student Information	Grade	
Student's Last Name	Student's First Name	Middle HOME Phone Number xxx-xxx-xxxx
Street Address	PO Box (if applicable)	City/State/Zip
Family Information	Student Lives with: (circle one) Parents, Mother only, Father only, Mother and Stepfather, Father and Stepmother, Guardian	
Mother's Name (First Last)	Mother's Daytime Phone xxx-xxx-xxxx	Mother's Cell Phone xxx-xxx-xxxx
Father's Name (First Last)	Father's Daytime Phone xxx-xxx-xxxx	Father's Cell Phone xxx-xxx-xxxx
Step Parent (if living with child)	Step Parent Daytime Phone xxx-xxx-xxxx	Step Parent Cell Phone xxx-xxx-xxxx
Guardian's Name (First Last)	Guardian's Daytime Phone xxx-xxx-xxxx	Guardian's Cell Phone xxx-xxx-xxxx
Emergency Information	Please list contacts other than parent/guardians who are authorized to be called to pick up student in case of illness or emergency.	
Name-Emergency Contact 1	Contact 1 Day Phone	Contact 1 Cell Phone
Name-Emergency Contact 2	Contact 2 Day Phone	Contact 2 Cell Phone

Please share any medical/social information that may be helpful to your child (i.e. bee sting allergies, seizures, motion sickness, afraid of dogs, etc).

Parent/Guardian Signature _____ Date _____

Alternate Transportation Request

Students are expected to ride the bus to and from their home unless other arrangements have been authorized through the school. To request an alternate pickup or dropff stop, please complete the bottom portion of this form.

#1 Location Home	#2 Location
Name:	Name:
Address:	Address:
Telephone:	Telephone:

Enter appropriate location number on the lines below.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Pickup	Location # _____	Location # _____	Location # _____	Location # _____	Location # _____
Dropoff	Location # _____	Location # _____	Location # _____	Location # _____	Location # _____