

Bus Registration Form

2018-2019

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

All Bus Eligible students are expected to ride the bus to and from their home. To request an alternate pickup or drop-off, please enter the alternate address below. Alternate bus stops will be limited to 1 stop in the morning and 1 stop in the afternoon. The morning and afternoon stops may be different, but there will no longer be the option of 2 different stops in the morning or the afternoon.

<u>Alternate Address</u>	
Name of person that will be at the alternate location:	
Phone:	
Street Address:	
City:	Zip code:

Select One location for Morning Pickup and One location for Afternoon Drop-off:

Morning Pickup	Home Alternate	Afternoon Drop-off	Home Alternate
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