



R.C.A.P.S. Student Bus Registration



Today's Date: _____ Start Date: _____ School (circle) RCAPS Trinity

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Stop Location(s)

Primary Stop Location

Address: _____

Location Description: _____

Alternate Stop Location *(joint custody, daycare, relative, etc to be used on rare occasions)*

Address: _____

Location Description: _____

Student Schedule:	PICK UP	DROP OFF
Full Days	____ Home ____ Alternate	____ Home ____ Alternate
Half Days	____ Home ____ Alternate	____ Home ____ Alternate
	____ Walk/Parent Transport	____ Walk/Parent Transport

Form Type (please check)	
New Rider	_____
Renewal (change)	_____
Renewal (no change)	_____

Students may be picked up at one location and dropped off at another location as long as the schedule remains the same. Shared custody schedules need to be addressed by the transportation department ahead of time. Due to the capacity of the buses students may not ride a bus home with a friend. Students living out of district will be given the location of the nearest group stop. Students living on private drives and dead end roads may be required to meet the bus at a designated location given by the transportation department.

Contact Information

Parents – Guardians

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Emergency Contacts

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

FOR OFFICE USE ONLY			
Primary AM Bus # _____	Stop ID _____	Primary PM Bus # _____	Stop ID _____
Alternate AM Bus # _____	Stop ID _____	Alternate PM Bus # _____	Stop ID _____