



BUS REGISTRATION 26-27



Student number # _____

Name of Student _____ Grade _____

Gender: _____

DOB: _____

PLEASE PRINT CLEARLY

Date needs to start: (Remember you need to allow at least 48 hours after request has been made): _____

Other siblings riding ☐ Yes ☐ No Names: _____

(DOB, Gender, Grade required for siblings)

School to attend _____

Transportation for: **AM?** _____ **PM?** _____ **Both?** _____

Parent/Guardian's name _____

Home Address: _____

Phone # _____ (Home) _____ (cell) _____ (Emergency)

Email Address: _____ **Text Message phone #:** _____

We text and email bus information to parents/guardians.

Specials Instructions or any information we should know to help us transport this student safely:

Alternate address/sitter name/phone #: _____

☐ _____

School office Signature

