

School Bus Registration
ONE REGISTRATION PER STUDENT
PLEASE RETURN TO BUS DRIVER

AM/PM (mark one or both)

Student's Name _____ School _____ Grade _____

Parent/Guardian _____ Requested Start Date _____

Physical Address _____ Zip Code _____

Mailing Address (if different) _____

Stop Location (if different) _____

Alternative Stop Location (OK without a note) Yes No _____

Alternative Stop Location (OK without a note) Yes No _____

Alternative Stop Location (OK without a note) Yes No _____

Mother's Work # _____ Mother's Cell # _____

Father's Work # _____ Father's Cell # _____

Emergency Contact _____ Phone _____

Please list any medical conditions that may affect your child's transportation, such as diabetes, asthma, allergies, or seizures requiring immediate treatment, etc.

If possible and practical, in the event of a major emergency, parent contact will be made. Transportation policy dictates that if, in the opinion of the driver, a major emergency exists, 911 will be called.

I verify that all the above information is true to the best of my knowledge. I understand it is my responsibility to have my child ready to board the bus 5 minutes before the scheduled pick-up time.

I also understand that my child will be video recorded for the safety of all persons on the bus.

Initial

Parent/Guardian Signature / Submitted by Date

Office Use Only
Time of Stop AM _____ PM _____