

**School Bus Registration**

**ONE REGISTRATION PER STUDENT**

**PLEASE RETURN TO BUS DRIVER**

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 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 _____