



TRANSPORTATION REGISTRATION FORM

Please return this form to the Transportation Department.
Transportation Phone: 686-1785 / Fax: 792-8286

Office Use Only:	
Bus #:	_____
Start Date:	_____
Student ID #:	_____

Please check one: New Student Alternate Transportation Change of Address

School _____

Student Name _____ Sex (M/F) _____

Homeroom _____ Grade _____ *if kindergarten or preschool, please circle one: AM or PM*

Date of Birth _____ Home Ph. # _____

Mother's Home Address _____
#Street Apt. # City Zip

Mother's Name _____ Mother's Home # _____

Mother's Wk.# _____ Mother's Cell # _____

Father's Home Address _____
#Street Apt. # City Zip

Father's Name _____ Father's Home # _____

Father's Wk.# _____ Father's Cell # _____

Guardian's Home Address _____
#Street Apt. # City Zip

Guardian's Name _____ Guardian's Home # _____

Guardian's Wk. # _____ Guardian's Cell # _____

Emergency Contact's Name _____ Relation to Child: _____

Emergency Contact's # _____

MEDICAL INFORMATION Please list any medical information that will assist in transporting your child safely (allergies, seizures, medications, asthma, crutches, speech problems, walker and/or wheelchair): _____

Transportation TO SCHOOL FROM HOME each day. (Please check one and circle appropriate days)

<input type="checkbox"/> I will make arrangements for student to be driven/Student will not be riding the bus;	MON	TUES	WED	THUR	FRI
<input type="checkbox"/> Student is a walker/Student will not be riding the bus;	MON	TUES	WED	THUR	FRI
<input type="checkbox"/> Student will ride bus to school from home address;	MON	TUES	WED	THUR	FRI
<input type="checkbox"/> Student will ride bus to school from sitter/daycare: <i>(See Child Care portion of form)</i>	MON	TUES	WED	THUR	FRI

Transportation TO HOME FROM SCHOOL each day. (Please check one and circle appropriate days)

<input type="checkbox"/> I will pick student up from school/Student will not be riding the bus;	MON	TUES	WED	THUR	FRI
<input type="checkbox"/> Student is a walker/Student will not be riding the bus;	MON	TUES	WED	THUR	FRI
<input type="checkbox"/> I give permission for the person listed below to pick up my child from school:	MON	TUES	WED	THUR	FRI
Name of person: _____	Relation to Child: _____				
<input type="checkbox"/> Student will ride bus from school to home address;	MON	TUES	WED	THUR	FRI
<input type="checkbox"/> Student will ride bus from school to sitter/daycare: <i>(See Child Care portion of form)</i>	MON	TUES	WED	THUR	FRI