

BUS PASSENGER REGISTRATION FORM

Please complete the following information on your child for the 2018-19 school year.

School Information: Primary Elementary Middle High

Grade Homeroom: _____

Student Information:

Student's Full Name Date of Birth Age

Physical Address (number, street name, & city)

Home Phone Number Alternate Phone Number

Route Information:

AM Only PM Only AM and PM

AM Address _____

PM Address _____

Official Use Only:

AM Bus # _____ Driver's Name: _____

PM Bus # _____ Driver's Name: _____

Person listed below is given my permission to receive my child during my absence.

Full Name Phone Number Relationship to Child

Parent's Signature: _____ Date: _____

In the event of an emergency parents shall be notified by an automated system.

Transportation Director, Melody Bullman