

**Wendell School District #232
Student Transportation Data Entry Form**

Family's Last Name: _____ Bus # assigned _____

First Name: _____ Grade: _____ Sex: M F DOB: _____

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If Student is in Pre-School indicate which session: _____ AM / PM

Home Address (Must be a Street Address) _____ Mailing Address (If different from Home Address) _____

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Home Phone _____ Cell Phone _____

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Does your child have any significant health issues the Transportation Department should know about and that could affect them while on the bus? If so, please list.

If my child requires emergency care, 911 will be called and they will be transported the closest emergency care facility. I consent to have my child receive the appropriate treatment for the safety and wellbeing of my child.

Emergency Number	Contact Person	Relationship to Student

PARENT OR GUARDIAN SIGNATURE

DATE SIGNED

Indicates the above information is correct and parent has agreed to the emergency care statement and has read bus rules.

*****PLEASE RETURN TO THE TRANSPORTATION DEPARTMENT WHEN COMPLETED*****