



SCHOOL BUS REGISTRATION

Last Name First Name Middle Name

Grade _____ If PK Student 3 or 4 (Circle one)

Male or Female (Circle one)

List any siblings _____

Please provide a physical address for bus pick-up and drop-off information

Morning PICK UP _____

Afternoon DROP OFF _____

In an effort to provide additional safety and security for our students, each student will be assigned to one bus for morning pick-up and one bus for afternoon drop-off, depending on the information received above. This may be two separate places. In the afternoon students will only be allowed to ride to one designated afternoon stop.

TEMPORARY CHANGES TO BUS ASSIGNMENTS ARE NOT ALLOWED.

CONTACT INFORMATION FOR PARENT/GUARDIAN

Parent/Guardian: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Signature Parent/Guardian: _____ Date: _____

For office use Bus Route AM _____ Bus Route PM _____

Special Notes _____