

BUS REGISTRATION (one per student)

Student Name: Last		First	Middle	
Start Date:	Student ID:	DOB:	Grade	OE Out <input type="checkbox"/> OE IN <input type="checkbox"/>
Home Address:		Parent or Guardian's Name:		
Telephone Number:		(please put neighbor's if you don't have one)		
AM BUS <input type="checkbox"/> My child DOES NOT require transportation TO school	Please state the address where child will be picked up for school in the morning and what relation the people living here have with your child.			
PM BUS <input type="checkbox"/> My child DOES NOT require transportation FROM school	Please state the address where child is to be dropped off after school and what relation the people living here have with your child.			
Please put the names of the roads at the closest intersections on both sides of your home.				
Additional Notes: Enter any other notes that will assist the bus driver.				