

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