

Student Transportation and Bus Registration Form

Please print this form, complete all text fields clearly, and return it to the school administration office.

1. Student Information

Student Last Name: Student First Name:

Student ID Number: School Year:

School Name: Grade Level:

2. Parent / Guardian Information

Parent/Guardian Full Name:

Primary Phone Number: Secondary Phone Number:

Email Address:

Emergency Contact Name (Other than Parent):

Emergency Contact Phone:

3. Address and Route Details

Home Address (Street, City, State, Zip):

Morning Pickup Address (If different from Home):

Afternoon Drop-off Address (If different from Home):

Requested Service (Enter AM, PM, or BOTH):

Special Transportation Needs or Medical Alerts (If none, write N/A):

4. Authorization and Signature

By signing below, you agree that the information provided is accurate and that your student will abide by the district safety rules and code of conduct while riding the school bus.

Parent/Guardian Signature (Sign on printed copy): Date:

Office Use Only (Do Not Write in This Section)

Assigned Bus Number: Assigned Bus Stop:

Processed By: Date Processed: