STUDENT TRANSPORTATION ENROLLMENT RECORD

Parent Name: _____ _____
(Mother) (Father)

Address: _____ Phone: _____

_____

Student Name: _____ Grade: _____ School: _____ Bus: ____

Student Name: _____ Grade: _____ School: _____ Bus: ____

Student Name: _____ Grade: _____ School: _____ Bus: ____

Student Name: _____ Grade: _____ School: _____ Bus: ____

Student Name: _____ Grade: _____ School: _____ Bus: ____

Student Name: _____ Grade: _____ School: _____ Bus: ____

Name of Road or Highway your residence joins: _____

Give a location or description of where you live. This is important information in bus stops. _____

Additional Information

Alternate Address #1: _____

Contact Person: _____

Home #: _____ Cell #: _____

Check One: Sitter: _____ Friend: _____ Daycare: _____

Bus #: _____ Student (s) this will affect: _____

List days of the week this will occur: _____

Alternate address #2: _____

Contact Person: _____

Home #: _____ Cell #: _____

Check One: Sitter: _____ Friend: _____ Daycare: _____

Bus #: _____ Student (s) this will affect: _____

List days of the week this will occur: _____

Revised 02/2010