STUDENT TRANSPORTATION ENROLLMENT RECORD

Start Date: _____

Parent Name: _____ _____
(Mother) (Father)
Cell Phone #: _____ Cell Phone #: _____
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 locating 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: _____

FOR OFFICE USE ONLY

Data Entry Completed by: _____
Date Completed and Emailed to Transportation: ____/____/____
Appropriate Paperwork sent to other schools: ☐ DB ☐ WR ☐ RB ☐ BHMS ☐ WHS
Date Transportation Received and Emailed to Offices: ____/____/____ Revised 03/2011