



STUDENT BUS REGISTRATION / CHANGE FORM

Parent/Guardian Name (printed): _____

Student Name	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(please fill out a second form if you have more than four (5) children to register)

Current Physical address: _____

Previous Route #/stop name: _____
(if changing routes) _____

Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Emergency Contact: _____ Phone: _____

Medical Alerts: _____

Note: Changes will take, at a minimum, 7 days to process. Households will be notified when changes are approved as well as when they take effect.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY

Driver's name _____
Route #/color _____
Stop name _____
AM pick-up time _____

Driver's name _____
Route #/color _____
Stop name _____
PM drop-off time _____

Driver's name _____
Route #/color _____
Stop name _____
AM pick-up time _____

Driver's name _____
Route #/color _____
Stop name _____
PM drop-off time _____