

PUPIL TRANSPORTATION REGISTRATION FORM

STUDENT INFORMATION:

LAST NAME	FIRST NAME	M.I.
GRADE Circle One:	K3 K4 K 1 2 3 4 5 6 7 8 9 10 11 12 KIITA	

PICK-UP HOUSE# On-Call DROP-OFF HOUSE# Consent

PARENT OR GUARDIAN INFORMATION:

MOTHER	Home Phone	Work Phone	Cell Phone
FATHER	Home Phone	Work Phone	Cell Phone

BABYSITTER INFORMATION:

BABYSITTER'S NAME	Home Phone	Cell Phone	House Number
-------------------	------------	------------	--------------

EMERGENCY CONTACT INFORMATION OTHER THAN PARENT OR GUARDIAN

Name	Home Phone	Cell Phone	Relationship to the Student
------	------------	------------	-----------------------------

Guidelines

Initial

Parent's Signature

Date

DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY

PICK-UP ROUTE #

DROP-OFF ROUTE #

POWERSCHOOL ID #

TEACHER'S NAME