

STUDENT BUS REGISTRATION / CHANGE FORM

Parent/Guardian Name (printed)	<u>:</u>			
Student Name	Age	Grade	School Attending	
(please fill out a second			our (5) children to register)	
·	-			
Current Physical address:				
Previous Route #/stop name:				
(if changing routes)				
Home Phone:		Wor	Work Phone:	
Cell Phone:		Email:		
Emergency Contact:		Phor	ne:	
Medical Alerts:				
Note: Changes will take, at a min	nimum, 7 days	to process. I	Households will be notified when changes are	
approved as well as when they to	_	·	· ·	
Parent/Guardian Signature:			Date:	
OFFICE USE ONLY				
Driver's name		Driv	er's name	
Davita #/aalan		D	te #/color	
			name	
AM pick-up time		PM	drop-off time	
Driver's name		Driv	er's name	
		Rou	te #/color	
Stop name			name	
AM pick-up time		PM	drop-off time	
Sant 2022			Transportation Protocols Form Completed	