



# 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 \_\_\_\_\_