

**BUS REGISTRATION FORM**  
**(A.M. TRANSPORTATION ONLY)**

PLEASE PRINT CLEARLY

Student's Name \_\_\_\_\_

Student's Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Is transportation needed from daycare: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide Daycare provider's address \_\_\_\_\_

Daycare provider's phone number \_\_\_\_\_

To school (choose one or both)

\_\_\_\_\_ Pickup from home

\_\_\_\_\_ Pickup from daycare