OFFICE USE:	
Rcvd at Building ☐	*Rcvd at Bus Garage* ☐

Bus Registration 2017-2018

Please print legibly and use ink

_____ **Change** _____ **New Student** **Student ID #**_____

Transportation Needed:

				To School	Home from School	NONE
Student Name: _____	DOB: _____	Grade: _____		☐	☐	☐
Student Name: _____	DOB: _____	Grade: _____		☐	☐	☐
Student Name: _____	DOB: _____	Grade: _____		☐	☐	☐
Student Name: _____	DOB: _____	Grade: _____		☐	☐	☐

Home Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Students reside with: _____

Name of person(s) Relationship

Father's Name: _____ Father's Cell: _____ Father's Work:_____

Mother's Name: _____ Mother's Cell: _____ Mother's Work:_____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Daycare Provider: _____ Phone: _____

Policy: Students can have only one pick up and one drop off location. Emergency stops will not be allowed. Students must ride only their own scheduled buses. Please list the address where the bus stops, or if a group bus stop, list the location.

Bus Stop Location (AM): (if NOT the Home Address)

_____

Street Address & City

Bus Stop Location (PM): (if NOT the Home Address)

_____

Street Address & City

Please list any medical conditions the driver should be aware of (include name of child pertains to):

_____

_____

In case of emergency, illness, or accident to the student(s) named above, representatives of Tri County Area Schools are authorized to proceed in the order indicated above. Signature below authorizes us to contact Emergency Medical Services in a life-threatening situation or if parents cannot be reached in an emergency.

Parent's Signature:_____ Date: _____