

**TRI COUNTY AREA SCHOOLS
TRANSPORTATION OFFICE
NEW STUDENT ENROLLMENT**

STUDENT ID # _____ **LAST NAME** _____ **FIRST** _____

MALE ___ **FEMALE** ___ **DATE OF BIRTH** _____ **GRADE** _____

BUILDING ATTENDING: _____

PROGRAM: GENERAL ED ___ SPECIAL ED ___ LPL ___ PRESCHOOL ___ AE ___ VOC ED ___

SCHOOLS OF CHOICE STUDENT ___ **OUT OF DISTRICT STUDENT** ___

STUDENT'S HOME ADDRESS:

STREET _____ **APT.** _____ **CITY** _____

PO BOX _____ **ZIP CODE** _____ **PHONE #** _____

CONTACT PERSON:

NAME _____ **WORK PHONE #** _____

OR

NAME _____ **WORK PHONE #** _____

STUDENT'S MAILING ADDRESS (IF DIFFERENT THAN ABOVE):

STREET _____ **APT.** _____ **CITY** _____ **ZIP CODE** _____

BABYSITTER OR DAY CARE: NAME _____

STREET _____ **CITY** _____ **ZIP CODE** _____ **PHONE** _____

WHERE WILL STUDENT NEED TO BE PICKED UP IN THE MORNINGS? X – HOME 0 – BABYSITTER

MONDAY ___ **TUESDAY** ___ **WEDNESDAY** ___ **THURSDAY** ___ **FRIDAY** ___

WHERE WILL STUDENT NEED TO BE DROPPED OFF IN THE AFTERNOONS? X – HOME 0 – BABYSITTER

MONDAY ___ **TUESDAY** ___ **WEDNESDAY** ___ **THURSDAY** ___ **FRIDAY** ___

EMERGENCY CONTACT (IF DIFFERENT THAN ABOVE)

NAME _____ **PHONE #** _____

NAME _____ **PHONE #** _____

MEDICAL INFORMATION (IF ANY):