

BUS APPLICATION

School Name:					Date:		
Student Information:	: Include each stu	dent in your hou	sehold who will be	riding t	the bus.		
Student Name:							
Date of Birth:			Grade:		Homeroom Teacher:		
Student Name:							
Date of Birth:			Grade:		Homeroom Teacher:		
Student Name:							
Date of Birth:			Grade:		Homeroom Teacher:		
Student Name:							
Date of Birth:			Grade:		Homeroom Teacher:		
Pick-Up/Drop Off Address:							
Mother/Guardian Name:					Primary Phone Number:		
Father/Guardian Name:					Primary Phone Number:		
from the school bus. If or an authorized adult time, the student will r	However, it is a be t at the bus stop. I not be permitted to	est practice to tra In practice this no exit the bus and	ansfer custody of s neans that if an au d will be returned t	students thorize o the so	t the bus stop at the til s in grades K-4 directly d adult is not at the sto chool until an authorize	to a s p at th d aduli	ibling grade 5 thru 8, e scheduled drop-off
Please provide information of adults who will be auth Name			Date of Birt		Relationship	top:	Primary Phone
			24.0 0. 2	•	residuosionip		
Diago provide inform	ation of amoras	nov contacts fo	u veru etrident(e)	in aga			
Please provide information of emergency contacts fo			Date of Birt		Relationship	ieu.	Primary Phone
					-		-
Vendor/Transportation	on Office Use On	ly			<u> </u>		
	ıte Assignment:				Pick up time:		
	Effective Date:				Drop off time:		
Notice Provide	ed to School on:				Ву:		

Please note: Applications are due 30 days before the first day of school to ensure a seat. Any applications turned in after the due date will be handled on a first come, first serve basis. Your child's bus assignment is not final until you receive an official notification from the vendor.