



BUS REGISTRATION FORM

This form is to be completed for each student applying for bus transportation. Area service availability will be confirmed by the nursery manager.

Student Name: _____ Class: _____

Area of pick up/drop off: _____

Parent Name: _____

Name and contact number of the person who will receive the child (if not parents).

Name: _____ Mobile #: _____ Relation: _____

Home Address: _____

Nearest Landmark: _____

Home Phone: _____ Work Phone: _____ Cell #: _____

Student Status (Mark one only)

Old Student

New Student

Student Medical Alert (If Applicable)

Diabetes

Epilepsy

Asthma

Anaphylactic Allergy to _____

Other _____

Transport required for 1 way or 2 ways

Drop off time registered for 12:30

2:00

5:00

Parent Signature: _____

Date: _____

Please draw a map to your home from the nearest landmark: