



Bus Registration 2022-2023
Please print legibly and use ink

OFFICE USE:	
Rcvd at Building	Rcvd at Bus Garage
<input type="checkbox"/>	<input type="checkbox"/>

Change
 New Student
 Student ID # _____

			Transportation Needed:		
			To School	Home from School	NONE
Student Name: _____	DOB: _____	Grade: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Name: _____	DOB: _____	Grade: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Name: _____	DOB: _____	Grade: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Name: _____	DOB: _____	Grade: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 (<u>AM</u>): (if NOT the Home Address)	Bus Stop Location (<u>PM</u>): (if NOT the Home Address)
Street Address & City	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: _____