



STUDENT TRANSPORTATION REGISTRATION FORM

Student Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ IEP/504: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Address: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Student will ride the bus:  Mornings  Afternoons  Both

Bus Stop Location(s) Requested: (Please Note: Students are allowed one stop location for pickup and one stop location for drop-off, these locations may be different. Students are not allowed to have multiple pick-up locations and/or drop-off locations. Students will be assigned to the nearest designated bus stop to the requested address/location.)

AM Stop Address/Location: \_\_\_\_\_

PM Stop Address/Location: \_\_\_\_\_

Effective Date to start Transportation Services: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special accommodation if required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scholarship Type: Private \_\_\_ PLSA \_\_\_ Approved \_\_\_ Denied \_\_\_

Authorized Person to pick up student at the bus stop:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If there is an UNAUTHORIZED person by court who cannot have contact with the student, please add name to the list below:

1. \_\_\_\_\_
2. \_\_\_\_\_

FOR MULTIPLE STOP LOCATIONS

Students will be assigned to the nearest designated stop to the requested address/location | \Locations Requested:

Stop Address #1:

\_\_\_\_\_

Stop Address #2:

\_\_\_\_\_

Effective Dates for Transportation: Start: \_\_\_\_\_ End: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_