

BUS GARAGE STUDENT REGISTRATION INFORMATION

(Please Print)

Student Name _____ Male Female (circle one)

School Building _____ Entry Date _____ Grade _____

Street Address _____

Mailing Address _____

City, Zip _____

Telephone _____ Cell Phone _____

Mother's Name _____

Father's Name _____

Guardian's Name _____

Relationship: _____

In case of an emergency call:

Name _____

Telephone _____ Cell Phone _____

Special Education: (circle one) YES NO

Special Needs Bus _____

Fax to Bus Garage _____