

**IMPORTANT – PLEASE RETURN THIS FORM, COMPLETED IN FULL, TO YOUR CHILD’S SCHOOL**

## Catholic Independent Schools – School Bus Registration Form

### STUDENT INFORMATION:

1. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Sex (M/F) \_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

2. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Sex (M/F) \_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

3. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Sex (M/F) \_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

**School Bus Service:** Present Stop Location: \_\_\_\_\_

**Stop Request:** (Not all requests can be met as we build our routes for the maximum efficiency)

\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Street Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Closest Intersecting Road(s) \_\_\_\_\_

Father’s Surname: \_\_\_\_\_ Father’s First Name: \_\_\_\_\_

Father’s Work Phone: \_\_\_\_\_ Father’s Cell Phone: \_\_\_\_\_

Mother’s Surname: \_\_\_\_\_ Mother’s First Name: \_\_\_\_\_

Mother’s Work Phone: \_\_\_\_\_ Mother’s Cell Phone: \_\_\_\_\_

Legal Custody Alert in Effect: Yes \_\_\_ No \_\_\_ (If Yes, please provide PERTINENT INFORMATION)

\_\_\_\_\_

### ALTERNATE RESIDENCE/STOP:

Parent/Guardian First Name and Last Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Stop Location: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Details: \_\_\_\_\_

### PERTINENT MEDICAL INFORMATION:

Allergies \_\_\_ Diabetes \_\_\_ Epilepsy \_\_\_ Heart \_\_\_ Mobility \_\_\_ Seizures \_\_\_ Other \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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