Private School Bus Information

2011-2012 School Year

PLEASE NOTE: **When a PERMANENT change needs to be made, a REVISED bus information sheet must be completed and returned to the school office.**

THE CHANGE TAKES A MINIMUM OF 3 WORKING DAYS TO PROCESS.

CIRCLE: St. Patrick St. Gilbert 7th Day Adventist Country Meadow Montessori

STUDENT INFORMATION (PLEASE PRINT) (PLEASE FILL OUT COMPLETELY)

LAST NAME	FIRST	MI

ADDRESS	APT #	CITY	ZIP CODE

						St. Paul Bus
HOME PHONE		AGE	GRADE	BIRTH DATE	SEX	

CHILD LIVES WITH (CIRCLE): PARENTS MOTHER ONLY FATHER ONLY STEP/GUARDIAN OTHER _____

FATHER/GUARDIAN NAME _____ MOTHER/GUARDIAN NAME _____

FATHER/GUARDIAN WK # _____ ALTERNATE # _____ MOTHER/GUARDIAN WK # _____ ALTERNATE # _____

EMERGENCY PHONE #:

NAME & RELATIONSHIP:

YOUR CHILD WILL BE ASSIGNED ONE STOP FOR PICK UP AND ONE FOR DROP OFF

IF YOUR CHILD WILL BE TRAVELING TO OR FROM ANY TYPE OF CHILD CARE AT A DIFFERENT LOCATION, PLEASE COMPLETE THE FOLLOWING INFORMATION. OTHERWISE, A BUS STOP WILL BE ASSIGNED USING THE HOME ADDRESS.

BEFORE SCHOOL:

SITTER/DAY CARE/CHILD CARE **NAME**: _____

SITTER/DAY CARE/CHILD CARE **ADDRESS**: _____

_____

SITTER/DAY CARE/CHILD CARE **PHONE #**: _____

AFTER SCHOOL:

SITTER/DAY CARE/CHILD CARE **NAME**: _____

SITTER/DAY CARE/CHILD CARE **ADDRESS**: _____

_____

SITTER/DAY CARE/CHILD CARE **PHONE #**: _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT THE BUS DRIVER SHOULD KNOW? (THESE WILL BE KEPT STRICTLY CONFIDENTIAL.)

_____

PARENT/GUARDIAN SIGNATURE **DATE**

DISTRICT USE ONLY

NEW _____ **REVISED** _____

SCHOOL RECEIVED DATE: _____

TRANSPORTATION START DATE: _____

DATE PARENT NOTIFIED: _____

TRANSPORTATION OFFICE USE ONLY

BUS STOP _____

_____

A.M. RT #: _____ TIME: _____

_____ _____

P.M. RT #: _____ _____

_____ _____