



American  
Cooperative School  
of Tunis  
SINCE 1959

## ACST - BUS REGISTRATION FORM

PLEASE FILL IN THIS FORM AND RETURN IT TO THE BUSINESS OFFICE

[Transportation@acst.net](mailto:Transportation@acst.net)  
[mbouagina@acst.net](mailto:mbouagina@acst.net)

STUDENT LAST NAME:

	STUDENT FIRST NAME (S):	Grade:	Gender:
1			
2			
3			
4			
5			

**CONTACT INFORMATION:**

Primary Cell contact number:

Mother's Cell: \_\_\_\_\_

Work number: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Work number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

***I need a bus for:***

**Full-Time**

Morning & Afternoon  
Pick up & Drop Off

**Half Time**

Morning Pick up only

Afternoon Drop off only

Expected start date:  
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Expected end date:  
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*I request that my children be placed on a bus route that serves our area, and agree to pay all applicable fees in a timely manner. I agree to Meet and Assist my child on Pick up and Drop off.*

PARENT NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



**ACST**

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