

## BUS PASSENGER REGISTRATION FORM

OFFICIAL USE ONLY:

Bus # \_\_\_\_\_

DRIVERS NAME:

Please complete the following information on your child for the 2016-17 school year.

This information will be used to ensure your child is accurately assigned to a bus route.

School Information: Primary  Elementary  Middle  High

GRADE  Homeroom \_\_\_\_\_

Route information: AM Only  PM Only  AM and PM

### STUDENT INFORMATION:

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Physical Address (number, street name, & city)

\_\_\_\_\_  
Drop off Address (if different than physical address)

\_\_\_\_\_  
Parent's Name (mother)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Parent's Name (father)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Alternate Phone Number

### Emergency contact person

\_\_\_\_\_  
Emergency Contact (if parents is unavailable)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Alternate Phone Number

Persons listed below are given my permission to sign my child out.  
They MUST Show a Picture ID.

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship to Child

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship to Child

Please list any medical/allergies issues your child may experience on route to/from school.

PARENT'S SIGNATURE: \_\_\_\_\_

In the event of an emergency parents shall be notified by an automated system.

Director, Dale Smith

Transportation Office: 200 Lucy P. Edwards Rd. WOODRUFF, SC 29388 (864) 476-3158

