

**FULTON INDEPENDENT SCHOOL DISTRICT**  
**2023-2024 Transportation Registration Form**



Date of Form: \_\_\_\_\_ Transport Code (office use): \_\_\_\_\_

**→Student Information: Please Print (all sections must be completed in full)**

Student's Full Legal Name \_\_\_\_\_  
 Last First Middle (full)

Grade \_\_\_\_\_ Gender (M)\_\_\_\_(F)\_\_\_\_ Birthdate \_\_\_\_\_

Student SS# \_\_\_\_\_ Home Phone \_\_\_\_\_

Physical Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_

*If different from physical address*

**→Student will:**

\_\_\_\_ Ride Bus Twice Daily \_\_\_\_AM \_\_\_\_PM

\_\_\_\_ Ride Bus Once Daily \_\_\_\_AM \_\_\_\_PM

\_\_\_\_ Will not ride the bus

**→Student Lives (from school):**

\_\_\_\_ more than one mile

\_\_\_\_ less than one mile

**→Other Children Enrolled In Fulton Independent Living At Address:**

First Name	Middle	Last Name	Birthdate	Gender	Relation to Student	School Attending

**Parent Guardian Information: Parents/Guardians Living in Same Household as Student (Primary)**

**→Guardian 1:**

Guardian Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Last First Middle (full)

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**→Guardian 2:**

Guardian Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Last First Middle (full)

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**I, as legal parent/guardian, hereby state that the information contained on this form is accurate and to the best of my knowledge.**

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

T1: Over 1 miles twice daily  
 T2: Under 1 miles twice daily  
 T3: Over 1 mile once daily  
 T4: Under 1 mile once daily  
 T5: Transportation IEP

**Please note:** Students will only be picked up and dropped off at the physical address listed in their enrollment.