



TO: ALL PARENTS/GUARDIANS

FROM: District Transportation Office

RE: Bus Registration Form for Grades 4K – 12th

1. Complete this form and email to the appropriate Transportation Office

Chapin area schools: chapintransportation@lexrich5.org.

Dutch Fork area schools: dutchforktransportation@lexrich5.org

Irmo area schools: irmotransportation@lexrich5.org

The Transportation Office will need up to fifteen (15) working days upon receipt of registration in order to coordinate transportation.

2. Please insure your residential address is clearly visible at the roadside. The blue reflective markers available from your local fire department work very well. This helps ensure the safest way for us to identify your address.
3. Transportation is provided to and from home address only. Request for any other pick-up or drop off location (i.e. daycare, grandparents' home, etc.) requires approval by the Transportation Office. **You must submit a separate request via email to the appropriate Transportation Office that includes specific information. Only one seat / bus can be assigned to each student for morning and afternoon transportation.**
5. We encourage all parents to review the Student Behavior Code with their student and help instill the importance of safe and appropriate bus behavior. Please visit our District web site at www.lexrich5.org for additional school bus information. If you should have any questions, please contact the appropriate Transportation Office

Chapin Transportation Office: 803.575.5856
Dutch Fork Transportation Office: 803.476-4990
Irmo Transportation Office: 803.476.3252

**SCHOOL DISTRICT FIVE OF LEXINGTON & RICHLAND COUNTIES
SCHOOL BUS REGISTRATION FORM
Grades 4K - 12th**

THIS FORM MUST BE COMPLETED BY PARENT OR GUARDIAN.

NOTICE: In order to ensure school bus capacities do not exceed State guidelines, the Transportation Office will need up to fifteen (15) working days upon receipt of registration in order to coordinate transportation to and from home address. Request for any other pick up or drop off location (i.e. daycare, grandparents' home, etc.) requires an exception to policy request and will be based on space available. Submission of this form does not constitute a written request for exception nor does it authorize any transportation other than to or from home address:

Chapin area schools: chapintransportation@lexrich5.org.

Dutch Fork area schools: dutchforktransportation@lexrich5.org.

Irmo area schools: irmotransportation@lexrich5.org

(Please Print Clearly)
NAME OF SCHOOL ATTENDING: _____ GRADE: _____

NAME OF STUDENT: _____
(Last Name) (First Name)

NAME OF PARENT/GUARDIAN: _____
(Last Name) (First Name)

ADDRESS: _____
(Street Address & Name) (City) (Zip Code)

1st E-MAIL ADDRESS: _____ 2nd E-MAIL ADDRESS: _____

HOME PHONE #: _____ CELL#: _____

MOTHER'S WORK #: _____ FATHER'S WORK #: _____

EMERGENCY POINT OF CONTACT: _____

EMERGENCY PHONE #: _____

MEDICAL CONCERNS: _____

BUS SERVICE REQUIRED: TO SCHOOL: - YES - NO FROM SCHOOL: - YES - NO
(Check one of each)

Signature of Parent/Guardian Date

OFFICIAL USE ONLY

Entered into Power School: Yes Route Description: Yes Stop Only: Yes
Entered by: _____ Date: _____ Time: _____

Route # Assigned: _____
AM Pickup Time: _____ AM Pick-up Location: _____

PM Drop-off Time: _____ PM Drop-off Location: _____