



# Bus Transportation Registration Form

MORGAN COUNTY SCHOOL DISTRICT RE-3  
TRANSPORTATION DEPARTMENT

Existing Rider - Attended MCSDRe-3 last year

New Rider/Student

Student's Name: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

\*\*Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Additional Phone #s: \_\_\_\_\_

Best email(s) to contact parents/guardians: \_\_\_\_\_

\*\*Note: If Pick-up/Drop-off at other than home address, please list below. The pick-up and drop-off will be at the same address/bus stop.

Name of Daycare Provider(if any): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact in the event we cannot be reached at the number(s) above.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate why you require transportation for your student and include any extenuating circumstances.

Transport Needed: AM \_\_\_\_\_ MID \_\_\_\_\_ PM \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Bus Stop Location: \_\_\_\_\_ Times: \_\_\_\_\_

Pick Up Time

Drop Off Time

### NOTES