

NEW NON-PUBLIC STUDENT FORM

YOUR SCHOOL NAME: _____

Student Full Name: _____ DOB: _____

Home Address: _____ ZIP: _____

- Student Gender: Male
- Student Gender: Female
- Student Gender: Unspecified

Student Grade: _____

Student Race: _____

Student Language: _____

Both Parent/Guardian Names:

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Guardian 1 Email Address: _____

Guardian 2 Email Address: _____

Student would like to ride (circle all that apply): AM Midday PM

Please complete the above form for each student you would like to have entered in Centerville’s student database in order to ride the Centerville City School bus.

Thank you -