## **Busing Registration**

please print all information

				_				
Transportation	Bus #:				Transportation	Location:		
USE ONLY	Time:				USE ONLY			
If your chil	d will be riding m parents wher		<u>-</u>	choo	ol District Tra	-	-	eeds the following sheet for each ch
	Student Legal N	Jame			Parent Name	<u> </u>		Required Student ID #
	Student Legar I	vanie			T dront T dine			Student 1D II
	Grade Level				Parent Phone	e	_	
SCHOOL:	CHS	CMS	WMS BETZ	, I	SALNAVE	SNOWDON	SUNSET	WINDSOR
(Check One)								
ONE PICK	UP LOCATION				DROP OFF I	LOCATION IF I	<mark>DIFFERENT</mark>	FROM PICK UP
Address:					Address:			
Parent or Guardian					Contact name for above address			
Phone Number(s)					Phone Number	r(s) if different fro	m pick up info	
E-mail						the highlighted ar		
Beginning date:					Is your child a multilingual learner Yes No			
	-		sted above when r registered with th	-	-	nation is in the s	school syster	n on Skyward.
	8 ≥	-€	>€		<b>*</b> €	>⊀8		<b>≫</b> 6
their child u	ntil routing chan	ges can be	an 10 business day made. Bus stops v ill contact you with	vill be	e assigned as s	oon as possible	~	-
-		-	have a parent or g			_	~	
Choice stud		attending so	chool outside of the	eir att	tendance bound	dary will be req	uired to pro	vide their own
_	-		commodate one pion your child's scho	_	and one drop	off address per s	student. All	alternate
child's home	e, both students in	nvolved wi	child's school atter ll need to provide a n must have the dro	a note	from their par	rent/guardian to	-	s pass to another Any note provided

Form 674

(Rev. 2.2023)