

East Lyme Public Schools

Tech/Vo-Ag and Magnet School Shuttle Registration 2024/2025 School Year

School Attending

Student Information

Student First Name _____ Student Last Name _____

Date of Birth _____ Grade _____

Parent Information

Parent First Name _____ Parent Last Name _____

Cell Phone _____ Work Phone _____

Home Address _____

Email _____

Emergency Contact #1

First Name _____ Last Name _____

Cell Phone _____ Work Phone _____

Relationship to Student _____

Emergency Contact #2

First Name _____ Last Name _____

Cell Phone _____ Work Phone _____

Relationship to Student _____

Comments

My child and I have received a copy and reviewed the Transportation Safety Rules.

We agree to adhere to the Transportation Safety Rules as stated.

Parent Signature _____ Date _____

Student Signature _____ Date _____