GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES
DEPARTMENT OF EDUCATION
ST. THOMAS / ST. JOHN SCHOOL DISTRICT
OFFICE OF PUPIL TRANSPORTATION
1834 KONGENS GADE
CHARLOTTE AMALIE, U. S. VIRGIN ISLANDS 00802
Tel: 340-775-2250 ext. 8523 Fax: 340-775-7381

REGISTRATION FOR GENERAL EDUCATION TRANSPORTATION

STUDENT INFORMATION STUDENT ID NUMBER: _____

STUDENT NAME: _____
LAST NAME FIRST NAME

ADDRESS: _____ SCHOOL: _____

A.M. BUS PICK UP LOCATION: _____

P.M. BUS DROP OFF LOCATION: _____

STUDENT AGREEMENT:
I understand that the bus service I receive is a privilege and not a right. I will follow the drivers' instructions and conduct myself appropriately at all times to ensure the safety of everyone on the bus. If I do not adhere to the rules and regulations of the bus service, I can have this privilege revoked.

_____ _____ _____
STUDENT'S SIGNATURE GRADE DATE

PARENT/ GUARDAN'S INFORMATION

NAME: _____ _____
LAST NAME FIRST NAME RELATIONSHIP

ADDRESS: _____ HOME TEL#: _____

CELL TEL#: _____ WORK TEL#: _____

PARENT/ GUARDIAN'S AGREEMENT:
I understand that the bus service my child receives is a privilege and not a right. I also understand that if my child does not adhere to the rules and regulations of the bus service, he/she can have this privilege revoked. I, the parent/guardian, am then responsible for getting my child to and from school.

PARENT'S SIGNATURE _____ DATE: _____

Note: THIS FORM MUST BE RETURNED TO THE SCHOOL IN ORDER FOR THIS STUDENT TO CONTINUE RIDING THE SCHOOL BUS.

SCHOOL OFFICE PERSONNEL USE ONLY: **BUS# ASSIGNED TO:** **AM** _____ **PM**_____

DATE FORM RETURNED _____ **FORM RECEIVED BY**_____