

Transportation Registration

North Thurston Public Schools Transportation Department 6620 Carpenter RD SE Lacey WA, 98503 360-412-4545

Student Information:	AM & PM-transportation	AM Transportation	PM Transportation
Last Name:	First Name:		Birthdate:
Grade:	School:		
Is your student a transfer student or	r attending their neighborhood so		Transfer Neighborhood School
Students Home Street Address			Zip Code:
Does your student attend a special p	rogram (TAG, English Language Learner	, Dual Language, New Market) Progra	im:
Does your student receive transport	ation under Special Education Se	ervices?	
Are you requesting transportation to/from a daycare in your neighborhood schools boundary Yes No			
When is your student riding to/from	n daycare? AM PM	Both AM & PM	
AM Daycare Name:	Daycare Address		Daycare Phone #:
PM Daycare Name:	Daycare Address		Daycare Phone #:
Parent/Guardian Information:			
Turcing Guardian information.			
Last Name:	First Name:		
Home Address:	City:		Zip Code:
Phone:	Email:		
	Thank you for rese	erving your bus seat!	
You will receive your route information related communication will be provided on the Smart Tag Link that will be in	d to families through Smart Tag (late I	bus, route changes, etc.). For instru	
This registration is not a guarantee Procedures, WAC's and RCW's. Tranbus.	· · · · · · · · · · · · · · · · · · ·	·	
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Kindergartener? Please remember be meeting them at their bus stop. I	to submit a Must-Be-Met Release		nts if someone other than you will
=	to submit a Must-Be-Met Release https://www.ntps.org/buswaivers out of Must be Met, please remen	s	