

# Catholic Independent Schools- School Bus Registration Form

**Important- Please return this form completed in full to your childs school**

## STUDENT INFORMATION:

1. Surname : \_\_\_\_\_ Given Name: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_  
Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

2. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_  
Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

3. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_  
Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

**School Bus Service:** Present Stop Location: \_\_\_\_\_

**Stop request:(not all requests can be met as we build our routes for the maximum efficiency)**

## Parent / Gurardian Information:

Street Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Closest Intersecting Road(s): \_\_\_\_\_

Father's Surname: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Surname: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Legal Custody Alert in Effect: Yes \_\_\_ No \_\_\_ (if Yes, please provide PERTINENT INFORMATION)

## Alternate Residence / Stop:

Parent / Guardian First Name and Last Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Stop Location: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Details: \_\_\_\_\_

## Pertinent Medical Information:

Allergies \_\_\_ Diabetes \_\_\_ Epilepsy \_\_\_ Heart \_\_\_ Mobility \_\_\_ Seizures \_\_\_ Other \_\_\_\_\_

## Emergency Contact Information:

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_