



# Transportation Registration Form

THIS FORM IS TO BE FILLED OUT ONLY IF ELIGIBLE FOR TRANSPORTATION

The following students are eligible for transportation

1. **Students in grades K through 12** who reside with their legal guardian and live **one mile** or further from their assigned school of attendance may be assigned a designated pick-up and drop-off location. It is recommended that Kindergarten students have an adult present at the pick-up and drop-off location. :

School Year: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone#: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_  
Street Number & Name City State Zip Code

Other: \_\_\_\_\_

**Please Check The Box Beside The School Your Child Will Be Attending:**

NP WMS – HS Buildings WMS  NPHS  BCC  STAR

Non Public Schools TCC-EI  TCC  IC

Elementary Schools Central  East  South  West  York

Transportation Is Needed For: AM ONLY:  PM ONLY:  BOTH AM & PM:

\*\*\*\*\*  
**OFFICE USE ONLY**

Starts On: \_\_\_\_\_

Established Stop: \_\_\_\_\_ New Stop: \_\_\_\_\_ Entered on Route: Yes \_\_\_\_\_ No: \_\_\_\_\_

Pick - Up Time: \_\_\_\_\_ AM Route Bus #: \_\_\_\_\_ Shuttle Bus #: \_\_\_\_\_

Pick Up Location: \_\_\_\_\_

Drop Off Time: \_\_\_\_\_ PM Shuttle Bus #: \_\_\_\_\_ Route Bus #: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

Bus Drivers Name: \_\_\_\_\_

Transportation Office Contact Number: 330-364-0622