



Transportation Registration Form

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

The following students are eligible for transportation:

School Year: _____

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 will be assigned a designated pick-up and drop-off location. It is recommended that Kindergarten students have a parent or legal guardian present at the pick-up and drop-off location.

Student Name: _____ Parent Signature: _____

Phone #: () _____ Listed / Unlisted Cell Phone #: () _____

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

Grade Attending: _____ Student Date of Birth: _____

School Attending: Central East South West York

 BCC NPHS STAR WMS TCC-EI. TCC

AM ONLY _____ PM ONLY _____ BOTH AM & PM _____ NO TRANSPORTATION _____

OFFICE USE ONLY

Established Stop: Yes _____ No _____ Starts On: _____

Entered on Route: Yes _____ No: _____ (If No – Need directions below)

Pick Up Time: _____ AM Bus Number: _____

Directions/Location: _____

Drop Off Time: _____ PM Bus Number: _____

Directions/Location: _____

