

STUDENT TRANSPORTATION REGISTRATION FORM

Transportation Department Phone: 803.275.1776 Fax: 803.275.1787

STUDENT INFORMATION				
New School Year		New Rider		Change of Information
Student name:		DOB:		Gender:
Student ID:		Grade:	School:	
Home address				
Home Phone:		Work Phone:	Cell Phone	
<i>Student Resides With:</i>				
Name		Relationship		Phone number
Are you requesting alternate pickup and delivery locations other than home address? <input type="checkbox"/> Yes <input type="checkbox"/> No				
HOME TO SCHOOL TRANSPORTATION				
Will your child ride the bus to school from home? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, give name of person or Child Care Facility at alternate location:				
Address of alternate location:				
Phone number at alternate location:				
SCHOOL TO HOME TRANSPORTATION				
Will your child ride the bus from school to home? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, give name of person or Child Care Facility at alternate location:				
Address of alternate location:				
Phone number at alternate location:				
Parent Signature:				Date:
SCHOOL USE ONLY				
School Type:	Regular Ed	Pre-K	OEC	Adult Ed
Bus Type:	<input type="checkbox"/> Regular Ed	<input type="checkbox"/> 3-4yr old	<input type="checkbox"/> Lift Bus	<input type="checkbox"/> Pre-K <input type="checkbox"/> Adult Ed
School Official Signature:				Date:
TRANSPORTATION DEPARTMENT USE ONLY				
The above request has been approved: <input type="checkbox"/> Yes <input type="checkbox"/> No				
AM Driver:		AM Bus Route Number:		
AM Pickup Time:		AM Pickup Location:		
PM Driver:		PM Bus Route Number:		
PM Pickup Time:		PM Pickup Location:		
Trans. Official Signature:		Date:		

