



BUS ENROLLMENT FORM

I am requesting busing for student (if eligible) Yes am pm both No

School Attending: (circle one) Carson Hillview Heritage Cherry Valley Legend Liberty John Clem McGuffey Wilson Ben Franklin Other

Student's Name (Last) (First) (MI) Birth date (MM/DD/YY)

Student's Grade

Parent/Guardian's Name

Home Address

Home Phone Cell Phone Work Phone

Name and Address for emergency contact person

Phone for emergency contact person

Parent/Guardian Signature

USE ONLY IF RIDING BUS TO/FROM THIS ADDRESS IF DIFFERENT FROM PARENT
We do not transport to day care centers- Only one alternate stop within the same school boundary permitted.
(Transportation will only be provided within the eligible boundaries of attending school)
Name Phone
Address

KEEP FOR YOUR RECORDS
RULES REGARDING TRANSPORTATION

- 1. CHANGES: Whenever there is a change to your home address, phone number, babysitter information, Or emergency contact person, please contact your child's school and the transportation department at 670-7155. We will need up to two (2) days' notice for a change in busing.
2. If an emergency arises, and your child must be sent to another address, please call the Transportation Department and the school to advise them of the change.
3. Kindergarten students must have a parent or designee at the bus stop to receive the child from the bus.