



# BUS REGISTRATION FORM SY-2026-2027

Office Use Only	
Received Date:	Bus # AM:
School Start Date:	Bus # PM:

STUDENT INFORMATION	
<b>Student Name</b>	Last: _____ First: _____
<b>School Attending</b>	_____
<b>Grade</b>	_____
<b>Student Name</b>	Last: _____ First: _____
<b>School Attending</b>	_____
<b>Grade</b>	_____
<b>Student Name</b>	Last: _____ First: _____
<b>School Attending</b>	_____
<b>Grade</b>	_____
<i>**Please attach separate sheet for more students</i>	
ADDRESS INFORMATION FOR TRANSPORT	
AM Pick Up Address	_____
PM Drop Off Address	_____
Transportation Needs	<b><u>Please Circle One:</u></b> <b>AM Only</b> <b>PM Only</b> <b>BOTH</b>
PARENT / LEGAL GUARDIAN INFORMATION	
<b>Name</b>	_____
<b>Mailing Address</b>	_____
<b>Cell Phone Number</b>	_____
<b>Email Address (used for alerts)</b>	_____
<b>Special Needs / Instructions</b>	_____

**\*\*\* NO Bus Changes after 2:00 p.m.**

Contact Transportation Department at (701)477-3108 ext. 101, 102, or 254 with any questions.

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