



BUS REGISTRATION FORM SY-2024-2025

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

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

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

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

Parent / Legal Guardian Signature: _____ Date: _____