

# New Student School Bus Registration Form

This form is to be filled out at registration and returned to the school. Please allow up to five (5) working days to process your form. After 5 working days, please contact First Student at **359-3555** for pick-up and drop-off times and location. All bus run information is developed according to your home address. *If you need transportation to and/or from childcare, please check here (\_\_\_\_) and complete the "Request For Transportation Change" form on the back of this form.*

School \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone \_\_\_\_\_ Start Date \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name	Grade	School	Last school attended

Dear Parent(s),

Part of our mission at First Student is to provide for the safety of your child(ren) while on our bus. To help us accomplish this you may wish to provide information for your child(ren) regarding any special medical conditions (i.e., diabetes, allergic reactions to bee stings, needs special assistance getting on or off the bus, etc.). Any information you provide will be kept confidential and shared only with the child's driver and/or bus monitor.

Child's name: \_\_\_\_\_

Please describe special conditions:

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6206 Alderson St.  
Weston, WI 54476 Phone: 359-3555 Fax: 359-4199

For School Use Only:

Student District ID# \_\_\_\_\_