

Hopewell City Public Schools
Student and Transportation information

Office Use Only Entered _____ Initials _____
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_____	_____	_____	_____
Last Name	First Name	MI	
_____	_____	_____	_____
Home Address	City	State	Zip
_____	_____	_____	_____
Current School Attending	Teacher	Grade	Room #

Transportation Information

Address must be located within the City of Hopewell and in the zone of the school that the student is attending.
(Please list the pick up and drop off location of this student. Assignment of stops will follow division guidelines for assignment of stops on bus run)

AM BUS Pick Up Address (Please list complete address example: 120 Main St. if daycare please list the name as well)

_____	_____	_____
Address	Stop Location (School Use Only)	Bus #
_____	_____	_____
Contact Person at this location	Phone # for this location	

PM BUS Drop Off Address (Please list complete address example: 120 Main St. if daycare please list the name as well)

_____	_____	_____
Address	Stop Location (School Use Only)	Bus #
_____	_____	_____
Contact Person at this location	Phone # for this location	

Other Transportation Information

_____ Boys & Girls Club (PM Only)

_____ Daycare Van ___ AM ___ PM Daycare's Name _____

_____ Parent Pick Up _____ AM _____ PM

Parent & Emergency Contact Information

(Only these individuals will be allowed to pick up student from school in case of an emergency. I.D. will be required.)

_____	_____	_____	_____
Parent's Name	Home Phone	Work Phone	Cell or Pager #
_____	_____	_____	_____
Parent's Name	Home Phone	Work Phone	Cell or Pager #
_____	_____	_____	_____
Emergency Contact's Name	Home Phone	Work Phone	Cell or Pager #
_____	_____	_____	_____
Emergency Contact's Name	Home Phone	Work Phone	Cell or Pager #
_____	_____	_____	_____
Emergency Contact's Name	Home Phone	Work Phone	Cell or Pager #
_____	_____	_____	_____
Emergency Contact's Name	Home Phone	Work Phone	Cell or Pager #

Parent's Signature

Date