

IN-TOWN BUS REGISTRATION

Date _____

1. _____
2. _____
3. _____
4. _____
5. _____

Grade _____ AM / PM

Grade _____ AM / PM

Grade _____ AM / PM

Grade _____ AM / PM

Grade _____ AM / PM

LUNCH PROGRAM

REGULAR LUNCHES: _____

FREE/RED LUNCHES: _____

Total # of Riders: _____

**ADDRESS OF DROP OFF
IF NOT HOME ADDRESS:**

Parent/Guardian Name

Street Address

Mailing Address

Home/Business Phone

E-mail Address

INTEROFFICE USE ONLY

	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
Amt. Pd										
Cash/Ck#										
Date Pd.										
Letter Sent										

Reduced Bus Fee: _____

Monthly Bus Fare: _____

Date Changed: _____

New Monthly Rate: _____