TRANSPORTATION REGISTRATION FORM

SYCAMORE
COMMUNITY SCHOOLS
Our students. Our future.

Please return this form to the Transportation Department.
Transportation Phone: 686-1785 / Fax: 792-8286

Please check one: ☐ New Student   ☐ Alternate Transportation   ☐ Change of Address

School_____

Student Name_____   Sex (M/F)_____

Homeroom_____ Grade_____ *if kindergarten or preschool, please circle one:*   AM   *or*   PM

Date of Birth_____   Home Ph. #_____

Mother's Home Address _____
                                       #Street   Apt. #   City   Zip

Mother's Name _____   Mother's Home # _____

Mother's Wk.#_____   Mother's Cell #_____

Father's Home Address _____
                                      #Street   Apt. #   City   Zip

Father's Name _____   Father's Home # _____

Father's Wk.#_____   Father's Cell #_____

Guardian's Home Address _____
                                         #Street   Apt. #   City   Zip

Guardian's Name _____   Guardian's Home # _____

Guardian's Wk. #_____   Guardian's Cell #_____

Emergency Contact's Name_____   Relation to Child:_____

Emergency Contact's # _____

MEDICAL INFORMATION Please list any medical information that will assist in transporting your child safely (allergies, seizures, medications, asthma, crutches, speech problems, walker and/or wheelchair):
_____

Transportation **TO SCHOOL FROM HOME** each day (Please check one and circle appropriate days):

☐	I will make arrangements for student to be driven/Student will not be riding the bus:	MON	TUES	WED	THUR	FRI
☐	Student is a walker/Student will not be riding the bus:	MON	TUES	WED	THUR	FRI
☐	Student will ride bus to school from home address:	MON	TUES	WED	THUR	FRI
☐	Student will ride bus to school from sitter/daycare: *(See Child Care portion of form)*	MON	TUES	WED	THUR	FRI

Transportation **TO HOME FROM SCHOOL** each day (Please check one and circle appropriate days):

☐	I will pick student up from school/Student will not be riding the bus:	MON	TUES	WED	THUR	FRI
☐	Student is a walker/Student will not be riding the bus:	MON	TUES	WED	THUR	FRI
☐	I give permission for the person listed below to pick up my child from school:	MON	TUES	WED	THUR	FRI
	Name of person:_____ Relation to Child:_____					
☐	Student will ride bus from school to home address:	MON	TUES	WED	THUR	FRI
☐	Student will ride bus from school to sitter/daycare: *(See Child Care portion of form)*	MON	TUES	WED	THUR	FRI

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