

Monticello Kindergarten Bus Registration Form
Monticello Independent School District 882



SCHOOL: LME ___ PWE ___ SWAN RIVER ___

DWELLING # _____ FAMILY # _____ STUDENT # _____ DATE FAXED TO BUS CO _____
OFFICE USE ONLY

Last Name _____ First Name _____ Middle Name _____

DOB _____ Gender _____ Do you live in a walking area? _____

Physical Address: _____ Home Phone _____

Mailing Address (if different) _____

Parent/Guardian: _____ Work Phone: _____ Cell Phone: _____ Lives With: _____

Parent/Guardian: _____ Work Phone: _____ Cell Phone: _____ Lives With: _____

Daycare Provider: _____ Phone: _____

Daycare Address: _____

Emergency Contact 1 _____ Home Phone _____

Work Phone _____ Cell Phone _____

Emergency Contact 1 _____ Home Phone _____

Work Phone _____ Cell Phone _____

Indicate how frequently your child will ride the bus:

Usually (4-5 days/wk)	Most of the Time (2-3 days/wk)	Rarely (Less than weekly)	Never (Can be changed)
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Where will your child be...(circle one)

Between 8 and 9 am?	Home	Daycare (early morning route time)
Between 11 am and 1 pm?	Home	Daycare (midday route time)
Between 3:30 and 4:30 pm?	Home	Daycare (late afternoon route time)

Please indicate preference for AM or PM class assignment, and *include the reason for the request.*

Is there anything else your child's bus driver should know? Please use additional space as necessary and include any medical, custodial, or other information the driver NEEDS to know. A copy of this form may be kept in your child's bus. _____

Parent/Guardian Signature _____ Date _____