Guthrie Public Schools – Student Bus Rider Registration Form

Please complete this form and return it to the transportation office or driver. Once the form information is entered in the data base your student will be assigned to a bus . At that time we will place them on a ROSTER for that bus ONLY .

Student Name	e:Last_				Fi	rst		
Birth Date	/	/	Age _		Grade Lev		el	
Will this Stude	ent ride (CONSISTA	ANTLY: Y	/ES	NO		AM	PM _
If NO Explain								
Primary Parer	nt(s) / Gu	ıardian(s)						
Physical Addre	ess							
City			_ Zip		Prima	ary #		
Housing Deve	lopment							
Cell / Text #								
E-mail Addres	s							
Mailing Addre								
		City _					Zip	
	.4.3.4							
Secondary Par								
Physical Addre								
City								
Housing Devel	lopment							
Cell / Text # _		-	W	/ork #			ext	
E-mail Addres	S							
Mailing Addre	ss IF Diff	erent						
		City				7	'in	

EMERGENCY CONTACT – oth	ner than parent / guardian											
Name	ame Relationship											
Primary #	Cell / Text #											
SHUTTLE & CHILDCARE STUDENTS												
School Site	AM	PM										
School Site												
Daycare Site		AM	PM									
Physical Address												
City	Zip Primary #											
Housing Development												
Cell / Text #	Work #	ext	:									
	HEALTH INFORMATION											
Does this student have any medical conditions or issues the driver should be aware of :												
Such as asthma, allergies of any kind, diabetes, etc YES NO												
If Yes EXPLAIN :												
Acknow	wledgement of Bus Rider Har	ndbook										
that I and my Student are res	o get/find the GPS School Bus Rider Hasponsible for and will comply with the se rules may result in suspension/expo	information co	ontained									
SIGNED		Date										