

TRANSPORTATION INFORMATION

Today's Date _____ Start Date _____

New Student _____ Returning Student _____ Change _____

Last Name _____ First Name _____ Student Id _____

Home Address _____ City and Zip _____

Mailing Address _____ City and Zip _____

Grade _____ School Name _____

Mom's Name _____ Dad's Name _____

Home Phone # _____ Mom-Cell _____ Dad-Cell _____

Emergency contact name _____ Phone # _____

ALTERNATE INFORMATION

Alternate pick up address _____ Days on: M T W T H F

Alternate drop off address _____ Days off: M T W T H F

Alternate address phone # _____ Name _____

OFFICE USE ONLY

Home info: Am bus # _____ Time _____ Pm bus # _____ Time _____

Alternate info: Am Bus # _____ Time _____ Pm bus # _____ Time _____

FAX # 517-676-8007 Attn: Tracey Moore

Date Faxed _____ Faxed By _____

Parents Contacted _____ Contacted By _____

Information in (SIS) student info system _____