

**BUS INFORMATION**  
**K4 AM & K4 PM through**  
**Grade 12**

New \_\_\_\_\_  
Changes \_\_\_\_\_  
Same \_\_\_\_\_

Student Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Grade: \_\_\_K4/AM\_\_\_K4/PM\_\_\_1\_\_\_2\_\_\_3\_\_\_4\_\_\_5\_\_\_6\_\_\_7\_\_\_8\_\_\_9\_\_\_10\_\_\_11\_\_\_12 School: \_\_\_LES\_\_\_LMHS\_\_\_OLS

Fire Number: \_\_\_\_\_ (If different than address)

Address \_\_\_\_\_ Home phone # \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If your student will be self-transported, please check here \_\_\_\_\_. If your student will be driving, please check here \_\_\_\_\_.

NAME AND ADDRESS WHERE YOUR STUDENT NEEDS TO BE **PICKED UP**. (If different then above.)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FIRE NUMBER \_\_\_\_\_

If your student will be self-transported, please check here \_\_\_\_\_. If your student will be driving, please check here \_\_\_\_\_.

NAME AND ADDRESS WHERE YOUR STUDENT NEEDS TO BE **DROPPED OFF**. (If different then above.)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FIRE NUMBER \_\_\_\_\_

Emergency Contact/Drop Off Location: (If different then above.) \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Special Medical Needs: \_\_\_\_\_

How do we get to your house? (Specific directions for bus driver.) **\*\*\*\*\*MUST BE FILLED OUT\*\*\*\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have older children in school? \_\_\_Yes\_\_\_No If yes, please enter their name(s) and the bus # they ride.

First Name/Last Name	Bus #	First Name/Last Name	Bus #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____