

**STUDENT'S LEGAL NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **M or F**

**SCHOOL OF ENROLLMENT:** HECK/QUAW RIDGEVIEW SADDLE PEAK MIDDLE HIGH  
(PLEASE CIRCLE ONE)

**HOME ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
(STUDENT ELIGIBILITY FOR SCHOOL BUS SERVICE IS BASED ON PRIMARY HOME OF RECORD)

**MAILING ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
(IF DIFFERENT THAN HOME ADDRESS)

**DAYCARE ADDRESS:** \_\_\_\_\_ **DC NAME:** \_\_\_\_\_ **DC PHONE:** \_\_\_\_\_  
(BUS FEE MAY APPLY FOR TWO OR MORE BUS ASSIGNMENTS)

**HOME PHONE:** \_\_\_\_\_ **WORK:** \_\_\_\_\_ **WORK:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **CELL:** \_\_\_\_\_  
(MOM) (DAD) (MOM) (DAD)

**STUDENT'S MEDICAL CONDITION(S):** \_\_\_\_\_  
(LIST ANY MEDICAL CONDITIONS THAT THE BUS DRIVER SHOULD BE AWARE OF)

**REQUESTED START DATE:** \_\_\_\_\_ **SERVICE TYPE:** AM / PM / Both Ways / Occasional  
(BUS DRIVER WILL CALL TO CONFIRM START OF SERVICE) (PLEASE CIRCLE ONE)

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**MOM:** \_\_\_\_\_ (PLEASE PRINT) \_\_\_\_\_ (REQUIRES AT LEAST ONE PARENT/GUARDIAN SIGNATURE) \_\_\_\_\_

**DAD:** \_\_\_\_\_ (PLEASE PRINT) \_\_\_\_\_

(TO BE FILLED OUT BY BUS DRIVER OR STUDENT TRANSPORTATION DEPARTMENT)

**HOME ROUTE #:** \_\_\_\_\_ **ROUTE SYMBOL:** \_\_\_\_\_ / **TRANSFER SYMBOL:** AM \_\_\_\_\_ **PM:** \_\_\_\_\_

**DC ROUTE #:** \_\_\_\_\_ **ROUTE SYMBOL:** \_\_\_\_\_ / **TRANSFER SYMBOL:** AM \_\_\_\_\_ **PM:** \_\_\_\_\_

WHITE COPY - TRANSPORTATION OFFICE

YELLOW COPY - BUS/DRIVER