

SCHOOL DISTRICT #27
STUDENT BUS REGISTRATION

Office use only
Route#: _____ Bus#: _____

Returning bus student

New bus student

Transferring from a different bus

Old bus # _____

Do you ride any other buses regularly Yes No

If Yes, Please list bus numbers and stops _____

Legal Last Name: _____ Preferred Last Name: _____

Legal First Name: _____ Preferred First Name: _____

Address: _____ Postal Code: _____

School: _____ Grade: _____

Medical Alert: _____

AM Bus Stop: _____

PM Bus Stop: _____

*****EMERGENCY PHONE NUMBERS NEED TO BE UPDATED THROUGH THE SCHOOL.**

*****STUDENTS SHOULD BE AT THE BUS STOP 10 MINUTES EARLY.**

Parent / Guardian Name: _____

Parent / Guardian Signature: _____