

SCHOOL DISTRICT #27 STUDENT BUS REGISTRATION	Office use only Route#: _____ Bus#: _____
<input type="checkbox"/> <b>Returning bus student</b>	
<input type="checkbox"/> <b>New bus student</b> <input type="checkbox"/> <b>Transferring from a different bus</b> <b>Old bus #</b> _____	
<b>Do you ride any other buses regularly</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>If Yes, Please list bus numbers and stops</b> _____	
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: _____	
<b>***EMERGENCY PHONE NUMBERS NEED TO BE UPDATED THROUGH THE SCHOOL.</b>	
<b>***STUDENTS SHOULD BE AT THE BUS STOP 10 MINUTES EARLY.</b>	
Parent / Guardian Name: _____	
Parent / Guardian Signature: _____	

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