



WOOSTER CITY SCHOOLS TRANSPORTATION INFORMATION

NEW REGISTRATION
 WITHDRAWAL
 CHANGE OF INFORMATION ** See below

** If change of address or caretaker, please list old address or info _____

STUDENT INFORMATION

Student ID # _____

Today's Date: _____ Requested Date to Begin Transportation: _____

Last Name: _____ **First & Middle Name:** _____

Home Address: _____ City: _____ Zip: _____

Child's Soc. Sec. # _____ Child's Date of Birth: _____

School Child Will Be Attending: _____ Child's Grade: _____
 If Kdg. - Please indicate AM or PM

Parent's Names (First & Last) _____

Phone (Home): _____ (Work-Emerg): _____ (Cell): _____

MEDICAL ALERT - (PLEASE LIST SPECIFIC INFORMATION ON REVERSE SIDE)

ADDITIONAL INFORMATION - (PLEASE LIST SPECIFICS ON REVERSE SIDE)

ALTERNATE BUSING INFORMATION

If transportation is required to or from an address other than the home address, please complete this section:

Alternate Pick Up Address: _____

Child Care Provider's Name: _____ Phone #: _____

Alternate Drop Off Address: _____

Child Care Provider's Name: _____ Phone #: _____

Custodial Parent's Signature: _____

School Office Use Only

Bus Eligibility: Yes ___ No ___

Bus Assignment Information

Bus # & Time for:	Pick up:	Drop off:
Stop Location:		
Special Instructions:		