SCHOOL:	DATE:
GRADE:	
OUT OF DISTRICT & SCHOOL OF CHOICE STU	DENT INFORMATION
CHECK ONE: OUT OF DISTRICT (YOU LIVE OUTSIDE OF THE BAS	DISTRICT)
SCHOOL OF CHOICE (YOU LIVE INSIDE OF THE BAS	DISTRICT)
STUDENT NAME(S):	
PARENT NAME(S):	
ADDRESS:	
PHONE:	
ALTERNATE PHONE:	
STOP LOCATION:	
BUS#:	
EMERGENCY CONTACTS: (2 PLEASE – NAME, PH	ONE NUMBER)
1. NAME:	
PHONE NUMBER:	
2. NAME:	
PHONE NUMBER:	*