

SCHOOL: _____

DATE: _____

GRADE: _____

OUT OF DISTRICT & SCHOOL OF CHOICE STUDENT 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, PHONE NUMBER)

1. NAME: _____

PHONE NUMBER: _____

2. NAME: _____

PHONE NUMBER: _____