

Lakeview Community Schools
Bus Registration 2010-2011
Please print legibly and use ink

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Address: (include PO Box) _____

City: _____ Zip Code: _____

Parent's Name: _____

Father

Mother

Child resides with: _____

Name of person(s)

Relationship

Home Phone Number: _____

Father Cell # _____ Mother Cell # _____

Work Phone Number: _____

Father

Mother

Emergency Contact: _____ Phone No.: _____

Daycare Provider: _____ Phone No.: _____

For safety reasons, please limit requests for alternate transportation arrangements to a minimum. Please list the address where the bus stops, or if a group bus stop, list the location.

Bus stop location (am): _____

Bus stop location (pm): _____

Does your child have any medical conditions that the bus driver should be aware of? Please list:

In case of emergency, illness, or accident to the student(s) named above, representatives of Lakeview Community Schools are authorized to proceed in the order indicated above. Signature below authorizes us to contact Emergency Medical Services in a life-threatening situation or if parents cannot be reached in an emergency.

Parent's Signature _____ Date _____