



## Dickens Bus Service: Mr. Robert Dickens

### Transportation Registration Form

#### STUDENT INFORMATION (Please print)

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City/Zip \_\_\_\_\_ Parish \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade \_\_\_\_\_

Allergies: \_\_\_\_\_

#### PARENT INFORMATION (Please print)

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

#### Listed individuals may pick the child up or be contacted In Case of Emergency:

Name (over 18 yrs. old)	Relationship	Phone #

**Transportation Fees:** All fees must be paid on the dates listed ~~on the back of this form~~. If fees are not paid, you child will not be allowed to enter the bus.

**Bus Rules:** All children must remain seated at all times. There is to be no eating on the bus.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date