

Bemidji Area Schools Bus Registration 2024-2025

Mail to: TRANSPORTATION, 502 MINNESOTA AVE NW, BEMIDJI, MN 56601

Today's Date _____ Grade _____

School of Attendance for 2024/2025: _____

Student Name (please print): _____

If Split Household Please Have 2nd Parent/Guardian Fill Out a Separate Form.

Primary

Parent(s)/Guardian: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Home Address: _____

Transportation needs: Please choose one from each side.

To School:

From School:

____ No AM bus

____ No PM bus

____ Pickup from Home

____ Drop off at Home

____ Pickup from Daycare

____ Drop off at Daycare

Before School Pick-up Address: _____

After School Drop-off Address: _____

Daycare Information: If pick-up or drop-off address is a daycare (which is other than home), please complete all fields below. Must be in the attendance area of school if elementary age.

Daycare Provider Name: _____ Phone: _____

Address: _____