

**Bemidji Area Schools**  
**Bus Registration Information for 2019-2020**

**Student/Family Information:**

Student Name (please print): \_\_\_\_\_

School of Attendance for 2019/2020 School Year: \_\_\_\_\_

**Choose All That Apply:**

1. \_\_\_\_ **Yes**, my child needs transportation **to school**. If yes, complete all the information below.
2. \_\_\_\_ **Yes**, my child needs transportation **from school**. If yes, complete all the information below.
3. \_\_\_\_ **No**, my child does not need transportation **to school**. I will be dropping them off.
4. \_\_\_\_ **No**, my child does not need transportation **from school**. I will be picking them up.

Primary Parent: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

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

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.**

Daycare Provider Name (First, Last): \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**If Split Household Please Complete This Section:**

Secondary Parent Name: \_\_\_\_\_

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

Parent Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

My child needs transportation to and from this address? Yes \_\_\_\_ No \_\_\_\_