

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 ____