

**Bemidji Area Schools**  
**Bus Registration information for 2020-2021**

**Student/Family Information:**

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

School of Attendance for 2020-2021: \_\_\_\_\_

**Choose All That Apply:**

\_\_\_\_\_ **Yes**, my child needs transportation **to school.** If yes, complete all the information below.

\_\_\_\_\_ **Yes**, my child needs transportation **from school.** If yes, complete all the information below.

\_\_\_\_\_ **No**, my child **does not** need transportation **to school.** I will be dropping student off.

\_\_\_\_\_ **No**, my child **does not** need transportation **from school.** I will be picking student up.

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

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

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

Before School Pickup Address: \_\_\_\_\_

After School Drop off Address: \_\_\_\_\_

**Daycare Information: If pickup or drop off address is a daycare (which is other than home), please complete all fields below.**

Daycare Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

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

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

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

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