

VCS TRANSPORTATION REGISTRATION

Please Print Clearly

Student name (s) _____ Student's cell # _____ Grade _____

_____ Student's cell # _____ Grade _____

_____ Student's cell # _____ Grade _____

Address _____

City _____ Zip _____

Parent contact #'s Day Phone _____ Evening Phone _____

AM Stop # _____ Stop Name _____ Monthly or Occasional Use?
(Occasional Use riders have to purchase tickets.)

PM Stop # _____ Stop Name _____ Monthly or Occasional Use?

OK to walk from stop alone? Yes or * No

Optional Swap Stop *(required only if you need more than one stop)*

Stop # _____ Stop Name _____ OK to walk from PM stop alone? Yes or * No

*If no, person(s) **other than parents** to release student to: _____

⇒ By signing below:

I acknowledge that my child(ren) and I have received, read and understand the rules for riding the bus. My child(ren) and I understand that riding the bus is a **privilege** and therefore agree to support and abide by the established rules.

Parent's Name(Please Print): _____ Relation to Child: _____

Parent Signature: _____ Date: _____

Please do not write below this line – For office use only.