**BALDWIN COMMUNITY SCHOOLS**

**TRANSPORTATION REGISTRATION 2020/2021**

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| PARENT OR GUARDIAN NAME: |
| PICK UP/DROP OFF ADDRESS: |
| CITY, STATE, ZIP: |
| DIRECTIONS: |
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| CELL PHONE: MESSAGE PHONE: |
| HOME PHONE: WORK PHONE: |

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| ALTERNATE PICK UP/DROP OFF ADDRESS: |
| CITY, STATE, ZIP: |
| DIRECTIONS: |
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| EMERGENCY CONTACT PERSON: |
| RELATIONSHIP: PHONE: |

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| **STUDENT NAMES** | **GRADE LEVEL** | **SCHOOL** |
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| --- | --- |
| SIGNATURE: | DATE: |

**PLEASE RETURN THIS FORM TO:**

**YATES DIAL-A-RIDE**

**P.O. BOX 147**

**IDLEWILD, MI 49642**

**PHONE: (231)745-7311**

**FAX: (231)745-2070**