



CROSWELL-LEXINGTON COMMUNITY SCHOOLS
Transportation Registration & Information Form

Date _____ Person Completing Form _____

Child's Full Name _____ School _____ Grade _____

Mom/Dad's Name _____ Cell Phone _____

Home Address _____ Home Phone _____

Emergency Contact _____ Phone _____

As per Board Policy, each student will be allowed one pick-up and one drop-off location. Please indicate name, relationship (EX: Mrs. Smith, babysitter, 0000 Roach, City, first house north of Roach on east, red brick with green shutters).

☐ NO TRANSPORTATION NEEDED

Designated Pick-Up _____

Designated Drop-Off _____

Please list any siblings that live at the same address and attend Croswell-Lexington Community Schools. Please indicate if these students will all go to the same place on the bus.

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____



Please indicate any medical or behavioral concerns that you would like the driver to be aware of:

***** Forward this form to Transportation Director *****