MID-COLUMBIA BUS COMPANY, INC. 60 <sup>TH</sup> ANNIVERSARY SCHOOL BUS REGISTRATION FORM		
PHYSICAL ADDRESS:		
HOME PHONE:	CELL PHONE:	
PARENT/GUARDIAN NAME:		
SCHOOL ATTENDING:	GRADE:	
DAY CARE ADDRESS:		
DAY CARE PROVIDER NAME:		
HOME PHONE:	CELL PHONE:	
EMERGENCY CONTACT:	PHONE:	

## Return this form to your school. Thank you!