

SIUSLAW SCHOOL DISTRICT 97J  
TRANSPORTATION REGISTRATION 2018-2019  
***This Form Must Be Filled Out For Us to Provide Transportation***  
Please note that a separate request must be filled out for each student

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

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

Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_ I prefer to be contacted by \_\_\_\_\_ Phone \_\_\_\_\_ Email

***\*School to home transportation is limited to one (1) primary location and two (2) alternative locations\****

**1). Primary Route** (please check)  **Home to School** (circle) M Tu W Th F  **School to Home** (circle) M Tu W Th F

If different than above, Name: \_\_\_\_\_ Contact Phone \_\_\_\_\_

Address:  Same as above If different: \_\_\_\_\_

Transportation Department use only

Home pick up # \_\_\_\_\_ / \_\_\_\_\_ Bus # \_\_\_\_\_ Time: \_\_\_\_\_

Home drop off # \_\_\_\_\_ / \_\_\_\_\_ Bus # \_\_\_\_\_ Time: \_\_\_\_\_

**2). Alternate Route #1** (Grandparent, Child Care Provider, etc.) Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Alternate route needed:**  AM  PM

Weekly on these days: (please circle) M Tu W Th F **OR**  Only as needed (notify transportation by 12:00pm that day)

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

Transportation Department use only

Home pick up # \_\_\_\_\_ / \_\_\_\_\_ Bus # \_\_\_\_\_ Time: \_\_\_\_\_

Home drop off # \_\_\_\_\_ / \_\_\_\_\_ Bus # \_\_\_\_\_ Time: \_\_\_\_\_

**3). Alternate Route #2** (Grandparent, Child Care Provider, etc.) Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Alternate route needed:**  AM  PM

Weekly on these days: (please circle) M Tu W Th F **OR**  Only as needed (notify transportation by 12:00pm that day)

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

Transportation Department use only

Home pick up # \_\_\_\_\_ / \_\_\_\_\_ Bus # \_\_\_\_\_ Time: \_\_\_\_\_

Home drop off # \_\_\_\_\_ / \_\_\_\_\_ Bus # \_\_\_\_\_ Time: \_\_\_\_\_

**Please read the "Rules" and "Guidelines" and the Student Handbook.**

In signing this I agree to the "Bus Rules" and "Guidelines" and will be supportive of these efforts to teach my children to ride the bus safely.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Transportation Supervisor

\_\_\_\_\_  
Date