

FENTON AREA PUBLIC SCHOOLS

TRANSPORTATION DEPARTMENT

BUSING ENROLLMENT FORM

810.591.8910 or 810.591.8911

Please complete the following **ONLY** if you plan to use the Fenton Schools bus transportation service.

Student Name: _____ Grade: _____

Parent Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Please complete the following if your child will be attending a daycare program outside of Fenton Schools.

Daycare Center Name: _____

Babysitter Name: _____

Address: _____

Phone Number: _____

Day(s) at daycare: (☒ days) ☐ M ☐ T ☐ W ☐ TH ☐ F or ☐ ALL WEEKDAYS

*** Students will be allowed one consistent pick up and drop off location per week, this location MUST be on a consistent 5-day basis. Students that need to be picked up or dropped off at a location other than the home address, please fill out an Alternate Destination Form.**

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY

Student ID _____ Approved by Transportation _____

Start Date _____ Initials _____ Date _____

Building _____ AM BUS _____ PM BUS _____

Bus Stop _____