



Siuslaw School District 97J

TRANSPORTATION REGISTRATION 2023-2024

KINDERGARTEN FORM

Student Name _____ Teacher _____ Grade _____

Parent(s)/Guardian(s) Name _____

HOME Address _____ Email _____

Phone # (home) _____ (work) _____ (cell) _____

Your student's bus stop will be routed using the HOME address listed above.

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

Transportation Department use only

AM Stop _____ Bus # _____ Time: _____

PM Stop _____ Bus # _____ Time: _____

Kindergarten students must be met at their bus stop by a designated authorized party who is on file at the Transportation Department. Additions to this list must be made in writing, no verbal changes will be accepted. Please list authorized person(s) below: ***Please note: your student will be returned to the school if no authorized party is there upon drop-off*

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

**** An older sibling(s) may be an authorized party if designated by the parent in advance and listed above**

THIS REGISTRATION FORM REQUIRES PARENT/GUARDIAN SIGNATURE
Please proceed to the signature page on page 2 of this form

KINDERGARTEN FORM (page 2)

A SECONDARY ROUTE/BUS STOP IS AVAILABLE FOR A CHILDCARE PROVIDER ONLY:

IMPORTANT: A set weekly schedule is required for both HOME and CCP when requesting a CCP bus stop. Any schedule changes to days of the week bussed to CCP or HOME must be requested at least 5 days in advance by submitting an updated Transportation Registration Form and a new Blue After-School Plan Form with the updated bus information.

If you cannot provide the required advance notice please plan on picking up/transporting your student.

2). Child Care Provider (please check) CCP to School (circle) M Tu W Th F School to CCP (circle) M Tu W Th F

Childcare Provider Information:

Name: _____ Address: _____ Phone: _____

NOTE: Your Childcare Provider must meet your kinder student at the bus stop upon drop off and be listed as an authorized party on this form.

Transportation Department use only		
AM Stop _____	Bus # _____	Time: _____
PM Stop _____	Bus # _____	Time: _____

Kindergarten students must be met at their bus stop by a designated authorized party who is on file at the Transportation Department. Additions to this list must be made in writing.

Please list authorized person(s) below: *Please note: your student will be returned to the school if no authorized party is there upon drop-off***

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

An older sibling(s) may be an authorized party if designated by the parent in advance and listed above

Please read the “Bus Rules” and “Regulations” and the Student Handbook.

By signing this Registration Form, I acknowledge that I have received a copy of Policy EEACCA – Video Cameras on Transportation Vehicles and Policy EEACC – Student Conduct on School Buses, I agree to the bus rules/ regulations, and will be supportive of these efforts to teach my children to ride the bus safely.

Parent/Guardian Signature

Date

Transportation Supervisor

Date