BUS TRANSPORTATION REGISTRATION FORM

SCHOOL: MANHATTAN CATHOLIC SCHOOLS

1. **STUDENT'S NAME**_____ GRADE_____ DOB _____
(Last) (First) (Middle)

2. **HOME RESIDENCE (STREET) ADDRESS**_____

(If rural address, please give a brief description of location. For example: 1/4 mile south of Pillsbury Crossing.)

_____

3. **DROP OFF/PICK-UP ADDRESS IF DIFFERENT FROM ABOVE:**_____

---

3. **EMERGENCY INFORMATION** (If student goes to a baby-sitter, please include information about the child care provider.)

Guardian _____
(Name) (Home Phone #) (Work Phone #)

Guardian _____
(Name) (Home Phone #) (Work Phone #)

Child Care Provider _____
(Name) (Address) (Phone #)

4. Distance from school where the student attends. (Give distance in miles if possible) This information is extremely important, so please be as accurate as possible. _____

****

I UNDERSTAND THE BUSES ARE EQUIPPED WITH AND WILL BE USING AUDIO VIDEO CAMERAS ON BOARD. I HAVE READ AND DISCUSSED THE BUS RULES AND REGULATIONS WITH MY STUDENT AND WILL WORK WITH USD #383 IN SOLVING ANY CONDUCT PROBLEMS THAT SHOULD ARISE.

PARENT OR GUARDIAN _____
(Signature) (Date)

July 2012