

Today's Date: _____

TRANSPORTATION INFORMATION

Requested Start Date: _____

NEW Address & Phone of PRIMARY PARENT (Parent, step-parent, or legal guardian, etc. AT STUDENT'S PRIMARY RESIDENCE)

Name of Primary Parent(s)/Guardian(s): <small>PARENT/GUARDIAN #1 (Last, First, MI)</small>	Street Address:	City:	Home Phone:
PARENT/GUARDIAN #2 (Last, First, MI)			New student <input type="checkbox"/> Address Change <input type="checkbox"/>

STUDENT(S) INFORMATION:

(PLEASE INDICATE SCHOOL WHERE STUDENT IS ATTENDING)

LAST NAME	FIRST NAME	GRADE	VARIANCE YES OR NO	Morning <small>Rides bus from home YES or NO</small>	Afternoon <small>Rides bus To home YES or NO</small>	BE - K-5 <small>Boone</small>	ECEC - PK <small>Early Childhood</small>	CBE-- K-5 <small>Claude Brown</small>	LE - K-5 <small>Lincoln</small>	MSE - K-5 <small>Main Street</small>	HPE - K-5 <small>Hawk Point</small>	WCE - K-5 <small>Wagon Wheel</small>	CPE - K-5 <small>Cuning Park</small>	TMS - 6-8 <small>Middle School</small>	TSMS - 6-8 <small>middle school</small>	NGC - 9 <small>Ninth Grade</small>	TBHS --10-12 <small>High School</small>	NHHS -- 10-12 <small>New Horizon</small>	

Please attach proof of new residency - dated within 30 days.

Parent/Guardian Information:

Name: _____
 Relationship: _____
 Cell Number: _____
 Email Address: _____
 Place of Employment: _____
 Work Phone: _____

Name: _____
 Relationship: _____
 Cell Number: _____
 Email Address: _____
 Place of Employment: _____
 Work Phone: _____

Emergency List Update:

Name: _____ (circle one) add delete
 Relationship: _____
 Phone Number: _____

Name: _____ (circle one) add delete
 Relationship: _____
 Phone Number: _____

Parent Signature: _____

Processed by: _____
 Date: _____