

**Chester Co. Schools
School Bus Transportation
Student Information Form**

BUS # _____

List each child in your family who requires bus transportation.

STUDENT NAME(S)	SCHOOL	GRADE	RIDES:
			<input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> BOTH
			<input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> BOTH
			<input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> BOTH
			<input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> BOTH

HOME ADDRESS	
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PARENT/GUARDIAN NAME(S)	RELATIONSHIP	CONTACT NUMBER(S)

Emergency Phone # _____, _____
(Name of Emergency Person)

Please list other possible PICK UP or DROP OFF locations other than home:

PLACE	ADDRESS	
		<input type="radio"/> Pick Up <input type="radio"/> Drop Off
		<input type="radio"/> Pick Up <input type="radio"/> Drop Off

REMEMBER

*Changes to regular transportation require a phone call to each child's school or parent note delivered to the school office. The office will give the student an official bus note to present to the driver. **IF SENDING A NOTE TO THE SCHOOL, BE SURE TO INCLUDE THE ADDRESS OF THE CHANGE.**

Signature confirms that all information is correct, and I have read all bus rules and procedures:

Parent Signature _____

This form must be returned to the school bus driver