



## First Student Bus Information

First Student Contact Info: 967-3028

### Student Information

*Please Print*

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Home Address

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Phone #

### Bus Information

*Same all 5 days*

My student will be taking the bus: ☐ AM Only ☐ PM Only ☐ AM & PM

\_\_\_\_\_  
Address for Bus

\_\_\_\_\_  
Bus #

\_\_\_\_\_  
Caretaker Name

*If different than parent/guardian*

\_\_\_\_\_  
Caretaker Phone #

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If there are any changes on the above information during the school year,  
please contact the school's office.