

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

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 phone call to the 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