

MATERNITY B.V.M. SCHOOL
BUS REGISTRATION

ROUTE # _____

BUS # _____ TRIP _____ TIME _____

NAME _____ GRADE _____ ROOM _____

ADDRESS _____ ZIP _____

TELEPHONE NUMBER _____ DATE OF BIRTH _____

CIRCLE ONE: MALE/FEMALE

STOP AT WHICH STUDENT BOARDS THE BUS IN THE MORNING - NAME OF STREET

STOP AT WHICH STUDENT LEAVES THE BUS IN THE ATERNOON-NAME OF STREET

SIGNATURE OF PARENT/GUARDIAN