



## Kindergarten Registration Transportation Form

**\*\*Please Note:** It is mandatory that you include your house number as part of your address. This is necessary to ensure that your child is picked up and dropped off at the appropriate location!! Childcare information should also be provided to ensure accurate pick-up and drop-off locations. **Every address (home and child care) must include a house number.**

**For Office Use Only:**

Student ID# \_\_\_\_\_

School \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex: Male or Female

House Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

If your child needs transportation from a location other than home, please fill out section below. The location must be in the **SAME SCHOOL ZONE**.

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**AM** Childcare Provider's Name \_\_\_\_\_

House Number \_\_\_\_\_ Street \_\_\_\_\_

Phone \_\_\_\_\_

Effective Date \_\_\_\_\_

\_\_\_\_ Occasional      \_\_\_\_ Daily      \_\_\_\_ Various Days (if known, please circle: M T W Th F)

**PM** Childcare Provider's Name \_\_\_\_\_

House Number \_\_\_\_\_ Street \_\_\_\_\_

Phone \_\_\_\_\_

Effective Date \_\_\_\_\_

\_\_\_\_ Occasional      \_\_\_\_ Daily      \_\_\_\_ Various Days (if known, please circle: M T W Th F)