## **Mulvane School District, USD 263**

## 2015-2016 Bus Enrollment

## Student(s) Information (Fill out one form for all students regardless of school)

(Last, First, MI)	(Date of Birth)	(Grade)	(Home Phone)
(Last, First, MI)	(Date of Birth)	(Grade)	(Home Phone)
(Last, First, MI)	(Date of Birth)	(Grade)	(Home Phone)
Parent/Guardian			
Mother Cell Phone		Work Phone	
Father Cell Phone		Work Phone	
Check if New Student(s): _ Check what type of bus you (Shuttle Fees: AM or PN  BEFORE SCHOOL please (Only one address may be given. St	# = \$15/student, AM & Pi e pick up my child at:	M = \$25/student, Fan	nily Pack = \$100)
(Parent's Name <u>OR</u> Child Care Prov	der Name)	(Address)	(Phone #)
AFTER SCHOOL please of Conly one address may be given. St	udent must be delivered to the s	same address each day.) (Address)	(Phone #)
EMERGENCY CONTACT:			
(Please provide a contact in addition		(Name)	(Phone #)
Pick Up Procedures Students are to be at their ass It will be the responsibility of to  Drop Off Procedures Students will be dropped off a at the student's home, student	he parents to get students  It their assigned stops. U  Its that are unable to supe	s to school if they miss pon the event that the ervise themselves will	re is no supervision be brought back to
the district. Attempts to make made within a reasonable am Department.			
** NOTE ** For the safety ar transportation arrangement	nd protection of your ch s must be provided in w	ild, any change in a vriting.	student's
Parent/Guardian Signature	Date	_	