



Route No. _____ P/U _____ D/O _____

REARDAN-EDWALL SCHOOL DISTRICT #9 Bus Transportation Registration

Student Name _____ Date _____ Grade _____

Parents Name _____ Phone No. _____

_____ Cell No. _____

Message No. _____

Address (Street, Town/City) where to be PICKED UP IN THE MORNING _____

Detailed Description (List roads, color of house, landmarks, etc.) _____

Address (Street, Town/City) where to be DROPPED OFF IN THE AFTERNOON _____

Detailed Description (list of roads, color of house, landmarks, etc.) _____

IN CASE OF EARLY RELEASE, WEATHER OR OTHER UNFORSEEN REASONS, LIST NAMES, ADDRESSES AND PHONE NUMBER OF PEOPLE TO BE CONTACTED.

NAME _____ Phone No. _____

ADDRESS _____

NAME _____ Phone No. _____

ADDRESS _____

Written permission for students to get off the bus at a stop other than their own must be processed at the office.

If your student will not be riding the bus you may call the bus garage at 796-4361 and the bus garage will relay the message by radio.