KOBUSSEN BUSES LTD.

EC & 4K Bus Registration Form 16-17

Student's Last Name _____ Student's First Name _____ Home Address _____

E-mail Address _____ Home Phone _____ Parent Work Phone _____ Parent Cell Phone _____

Grade and School entering in September 2016

☐ Sunset ***ALL DAY***

☐ Sunset ***½ DAY*** ☐ AM ☐ PM

PICK UP

☐ Home

☐ Other: _____

Address of Pick Up ** (only ONE pick up address) **

DROP OFF

☐ Home

☐ Other: _____

Address of drop off ** (only ONE drop off address) **

_____ Date Received

_____ Date Entered

Notes:

STAFF USE ONLY

_____ _____

Parent signature Date