KOBUSSEN BUSES LTD.

Elem K-5 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 ☐ K ☐ Sawyer ☐ 1st ☐ 2nd

☐ Sunrise ☐ 3rd ☐ 4th ☐ 5th

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