

## HS/MS 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

**TJW**                      6<sup>th</sup>     7<sup>th</sup>     8<sup>th</sup>

**SBHS**                      9<sup>th</sup>     10<sup>th</sup>     11<sup>th</sup>     12<sup>th</sup>

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### 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) \*\*

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

_____ <b>Date Received</b>
_____ <b>Date Entered</b>
<b>Notes:</b>