

KOBUSSEN BUSES LTD.

HS/MS Bus Registration Form

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

TJW 6th 7th 8th

SBHS 9th 10th 11th 12th

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

Date Received

Date Entered

Notes:

STAFF USE ONLY