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