

MIB SCHOOL BUS FORM

PARENT/GUARDIAN INFORMATION		Date:		
Parent/Guardian's Name				
Relationship to Child				
Street Address				
City		Postal Code		
Home Phone		Work:		
Email address		Cell:		
Alternate Contact Person		Alternate ph:		
STUDENT INFORMATION:				
Student First Name		Student Surname		
Grade		Student PEN#		
Status Number		Date of Birth		
School attending (mark with a check)	<input type="checkbox"/> Southlands Elementary	<input type="checkbox"/> Immaculate Conception		
Medic Alerts: (Please identify any medic alerts or special needs that the bus supervisor should be aware of)				