

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)			