

CHARLOTTE PUBLIC SCHOOLS TRANSPORTATION REGISTRATION FORM

378 State St.
Charlotte, MI 48813
Phone (517) 543-3400 Fax (517) 543-8558

*** ONE REGISTRATION FORM MUST BE COMPLETED FOR EACH STUDENT**

<i>For Office Use Only:</i>	
Name of Person Contacted: _____	Start Date: _____
Contact Date: _____	Initials of Transportation Employee: _____

Today's Date: _____

Student's Name: _____

Home Address: _____

Home Phone: _____

School: _____ Grade: _____

Parents/Guardians Names: _____

Dad's Work Phone: _____

Dad's Cell Phone: _____

Mom's Work Phone: _____

Mom's Cell Phone: _____

Emergency Contact Name: _____

Relationship: _____

Phone: _____

Emergency Contact Name: _____

Relationship: _____

Phone: _____

Medical Info / Other Concerns: _____

BUS STOP REGISTRATION:

Single PICK-UP Location:

Not Needed

At Home or nearest designated bus stop

At Daycare or nearest designated bus stop –

****For Daycare complete information below:**

Provider's Name: _____

Address: _____

Phone: _____

Single DROP-OFF Location:

Not Needed

At Home or nearest designated bus stop

At Daycare or nearest designated bus stop –

****For Daycare complete information below:**

Provider's Name: _____

Address: _____

Phone: _____

***Date you would like this to begin**

(Please understand that it may take up to 5 school days before transportation will begin.)

Parent Signature _____ Date _____

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Emergency Contact Name: _____

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