

**FRANKLIN COUNTY DISTRICT SCHOOL BUS RIDERSHIP REQUEST 2011/2012**

START DATE \_\_\_\_\_ ID# \_\_\_\_\_

**STUDENT'S LEGAL NAME: (NO NICK-NAMES)**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ GRADE \_\_\_\_\_

**NO POST OFFICE BOX NUMBER**

PRIMARY PHYSICAL ADDRESS

SECONDARY PHYSICAL ADDRESS (Court Order must be attached).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please sign below if your child will be attending one of our after school programs.**

If your child attends The Nest or Project Impact after school program, **Your child will go there every day.**  
In the event of an emergency, you must make other arrangements.

\_\_\_\_\_ THE NEST \_\_\_\_\_ PROJECT IMPACT

All hand written notes (**for emergency only**) must be handed to homeroom teacher before 10:00 a.m. A Bus Pass will be written out from the front office. No notes other than a Bus Pass will be accepted by Bus Driver.

**Contact Names & Numbers:**

**Printed Name & Signature:**

**Mother's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Guardian Name(s):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Guardian Name(s):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Transportation Department:**

Bus# \_\_\_\_\_ for Primary address

Bus# \_\_\_\_\_ for Secondary address

\_\_\_\_\_ AM Pick-Up

\_\_\_\_\_ AM Pick-Up

\_\_\_\_\_ PM Delivery

\_\_\_\_\_ PM Delivery

## Student Medical Needs

Medical Need \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Contact Number:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

List persons for Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

If your child has an emergency that is a life or death situation  
an Ambulance will be called.

Allergies: