

VALDERS BUSES INC.
BUS TRANSPORTATION FORM
(High School, Middle School, Elementary School)

STUDENTS NAME: _____ GRADE: _____

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(IF 4K STUDENT, PLEASE NOTE IF MORNING OR AFTERNOON CLASS)

FATHERS NAME: _____

MOTHERS NAME: _____

LEGAL GUARDIANS NAME: _____

HOUSE NUMBER & STREET/ROAD ADDRESS: _____

CITY/TOWN: _____ MILES TO SCHOOL: _____

PHONE NUMBER: _____ EMERGENCY NUMBER: _____

WHERE LOCATED – FORMER OWNERS, NEIGHBORS, DIRECTIONS:

****STUDENT - AM BUS PICK UP (CHECK HERE IF SAME AS HOME ADDRESS _____)**

NAME: _____ PHONE: _____

ADDRESS: _____ CITY/TOWN: _____

****STUDENT - PM BUS DROP OFF (CHECK HERE IF SAME AS HOME ADDRESS _____)**

NAME: _____ PHONE: _____

ADDRESS: _____ CITY/TOWN: _____

SPECIAL NOTES: _____

