

**YALE PUBLIC SCHOOLS  
TRANSPORTATION REGISTRATION**

Bus Run Assignment # \_\_\_\_\_

PLEASE PRINT

School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Date Enrolled \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street PO Box City Zip

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Male / Female  
Month Day Year (Please Circle)

Father's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Child resides with \_\_\_\_\_  
Name / Relationship

Legal Custodian if not living with parents \_\_\_\_\_

Please list siblings/students who live at *same* address and attend the *same* school building:

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Name: \_\_\_\_\_ Grade \_\_\_\_\_

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**Medical Information**

Please identify any medical, physical or emotional conditions of the student to enable appropriate planning if needed. If you have any concerns of confidentiality, please contact the transportation director. \_\_\_\_\_  
\_\_\_\_\_

In the event of a medical emergency, and the school or transportation office is unable to contact me, I hereby authorize the school or transportation office to contact the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school or transportation department may make whatever arrangements seem necessary. I agree to assume financial responsibility for these emergency referrals (this included hospital, medical and ambulance services).

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Parent or Guardian's Signature \_\_\_\_\_

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**Transportation Request:** If only requesting the home address, you may indicate home on the address line. Bus stops may or may not be located at the requested address.

**Transporting AM pick up from Name/Address** \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Transporting to PM drop off to Name/Address** \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Transporting 1/2 days to Name/Address** \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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In order for our department to release your student(s) to anyone other than a parent/guardian, you **must** list contacts below in the event of an emergency and you are not present at your child's bus stop. Please put name, relationship, address, and phone of a neighbor, friend, or relative living nearby who is willing to assume temporary care of the student in the absence of parent/guardian. **IMPORTANT INFORMATION:** Without contacts for your child, transportation may be suspended. For further information, please reference the school districts Child Abandonment Policy.

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

Please return completed form to the Transportation Department.