



Grades K-4 BUS REGISTRATION

Student's Name: _____ *Teacher:* _____

Student's Street Address: _____

Parents' Name: _____

Home Phone: _____ *Work Phone:* _____ *Cell Phone:* _____

We need to know if your child is going to be picked up or dropped off somewhere else besides the home address, whether it's a babysitter, Grandma's house, or Daycare, etc.

Alternate Pick Up

Name of Alternate: _____

Address: _____ *Phone:* _____

Alternate Drop Off

Name of Alternate: _____

Address: _____ *Phone:* _____

Office Use Only: Faxed To Ledgemere: _____