

Child's Name: _____ Date of Birth: _____

School Attending: ACHS ACMS ACES ACPC
Please circle

Parent/Guardian: _____

Address: _____

Phone Number: _____ Grade: _____ Bus Driver: _____ Bus #: _____

_____ # Miles Rides Bus One Way _____ # Minutes On Bus

Please list any medical conditions the driver should be aware of:

() Add () Drop () T1 () T2 () T3 () T4 () T5

****RETURN FORM TO BUS DRIVER**

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