

For Office	Use Only
	AM Bus#
	PM Bus#

School student will be attending:				
Registration date:	School Year: ,	2024-2025	Grade:	
Bus To: (Circle One) Seco	ndary Campus	/ Rice / Fairv	view / Non-Public School	
Bus From: (Circle One) S	econdary Camp	ous / Rice / F	airview / Non-Public School	
Name:	Birthdate:			
Street Address:				
City/Town:		MONTH AND RESIDENCE TO A TO A STATE OF THE S		
Development:				
Municipality (Township or Borough):	***************************************			
Parent/Guardian:		Phone		
LOCATION OF HOME:				
Exact: Please pinpoint the exact location o	f your home to determin	e a new or existing l	ous stop location.	
Example: Two doors down on the right sic				
IMPORTANT INFORMATION REC				
PLEASE NOTE: If a student is to be pigive the name of the center, person, addi			a child care center at dismissal time, please DBE ON A DAILY BASIS.	
Any changes MUST be approved by the	child's School Princi	pal.		