



Y & F TRANSPORTATION

Student School Bus Registration Form

Home Address: _____

Home Telephone # _____

Email _____ @ _____

Parent / Guardian info

PARENT 1
Name _____

PARENT 2
Name _____

Work Phone # _____

Work Phone # _____

Cell Phone # _____

Cell Phone # _____

Childs First Name:	Childs Last Name:	DATE OF Birth Month/Day/Year	Name of school Attending:	Grade	Classroom #

In case of emergency the child may be released to

Emergency contact Name: _____

Address: _____

Relationship to child _____ TEL # _____

Any medical conditions we should know about your child _____

Parents Consent:

Yes, I give Y & F Transportation permission to provide school bus transportation service for my children listed above, to and from school for the 20__ to 20__ school year.

Should it become necessary for my/our child/ward to have medical care, I/we give the staff of Y & F Transportation to use his/her best judgment in obtaining the best of such service for my child/ward. I / we understand that any cost incurred will be my responsibility.

Parent / Guardians Signature _____

DATE _____

Parent / Guardian Name: _____ (Please print)