

# CHARLOTTE PUBLIC SCHOOLS TRANSPORTATION REGISTRATION FORM

378 State St.  
Charlotte, MI 48813  
Phone (517) 543-3400

Fax (517) 543-8558

\* ONE REGISTRATION FORM MUST BE COMPLETED FOR EACH STUDENT

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Parents/Guardians Names: \_\_\_\_\_

Dad's Work Phone: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_

Mom's Work Phone: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Info / Other Concerns: \_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only:**

Name of Person Contacted: \_\_\_\_\_

Contact Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Initials of Transportation Employee: \_\_\_\_\_

## **BUS STOP REGISTRATION:**

### **Single PICK-UP Location:**

Not Needed

At Home or nearest designated bus stop

At Daycare or nearest designated bus stop –

**\*\*For Daycare complete information below:**

Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Single DROP-OFF Location:**

Not Needed

At Home or nearest designated bus stop

At Daycare or nearest designated bus stop –

**\*\*For Daycare complete information below:**

Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*Date you would like this to begin \_\_\_\_\_**

(Please understand that it may take up to 5 school days before transportation will begin.)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date