

Kasson-Mantorville Public Schools Transportation Registration Form

Kasson-Mantorville Public School District provides bus service to transport eligible students who request bus transportation to and from school. Obtaining accurate counts of who will actually ride the school busses is very important to the design of efficient and safe routes.

Each student may have up to two different pick-up addresses and up to two different drop-off addresses. Please submit, in writing five days prior, any permanent change to the pick-up/drop-off location. Each student is responsible to know their schedule each day, use the correct bus, and be responsible for getting themselves on and off at their bus stop.

Student # 1 Last Name: _____ Student's First Name: _____

Student's School _____ Grade: _____

Parent/Guardian #1: _____ Phone: _____

Address: _____

Parent/Guardian #2: _____ Phone: _____

Address: _____

PICK-UP Address #1: _____ Phone: _____

PICK-UP Address #2: _____ Phone: _____

DROP-OFF Address #1: _____ Phone: _____

DROP-OFF Address #2: _____ Phone: _____

Student # 2 Last Name: _____ Student's First Name: _____

Student's School _____ Grade: _____

Parent/Guardian #1: _____ Phone: _____

Address: _____

Parent/Guardian #2: _____ Phone: _____

Address: _____

PICK-UP Address #1: _____ Phone: _____

PICK-UP Address #2: _____ Phone: _____

DROP-OFF Address #1: _____ Phone: _____

DROP-OFF Address #2: _____ Phone: _____

Student # 3 Last Name: _____ Student's First Name: _____

Student's School _____ Grade: _____

Parent/Guardian #1: _____ Phone: _____

Address: _____

Parent/Guardian #2: _____ Phone: _____

Address: _____

PICK-UP Address #1: _____ Phone: _____

PICK-UP Address #2: _____ Phone: _____

ROP-OFF Address #1: _____ **Phone:** _____

ROP-OFF Address #2: _____ **Phone:** _____

Student # 4 Last Name: _____ Student's First Name: _____

Student's School _____ Grade: _____

Parent/Guardian #1: _____ Phone: _____

Address: _____

Parent/Guardian #2: _____ Phone: _____

Address: _____

CK-UP Address #1: _____ **Phone:** _____

CK-UP Address #2: _____ **Phone:** _____

ROP-OFF Address #1: _____ **Phone:** _____

ROP-OFF Address #2: _____ **Phone:** _____

Student # 5 Last Name: _____ Student's First Name: _____

Student's School _____ Grade: _____

Parent/Guardian #1: _____ Phone: _____

Address: _____

Parent/Guardian #2: _____ Phone: _____

Address: _____

CK-UP Address #1: _____ **Phone:** _____

CK-UP Address #2: _____ **Phone:** _____

ROP-OFF Address #1: _____ **Phone:** _____

ROP-OFF Address #2: _____ **Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____

Student # 6 Last Name: _____ Student's First Name: _____

Student's School _____ Grade: _____

Parent/Guardian #1: _____ Phone: _____

Address: _____

Parent/Guardian #2: _____ Phone: _____

Address: _____

CK-UP Address #1: _____ **Phone:** _____

CK-UP Address #2: _____ **Phone:** _____

ROP-OFF Address #1: _____ **Phone:** _____

ROP-OFF Address #2: _____ **Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____