

2019-2020 Transportation Registration

YPS WEBSITE

Name of Riders: _____ Grade in August
 _____ Grade in August
 _____ Grade in August

Parent/Guardian Name: _____

Home Address: _____ City

Home # _____ Work # _____ Cell # _____ Cell # _____

Pick-up Location: 1. _____

| | | | | |
|---|---|---|----|---|
| M | T | W | Th | F |
|---|---|---|----|---|

2. _____

| | | | | |
|---|---|---|----|---|
| M | T | W | Th | F |
|---|---|---|----|---|

Drop-off Location: 1. _____

| | | | | |
|---|---|---|----|---|
| M | T | W | Th | F |
|---|---|---|----|---|

2. _____

| | | | | |
|---|---|---|----|---|
| M | T | W | Th | F |
|---|---|---|----|---|

****If a Daycare/Babysitter, please list name of provider and phone number:**

Student(s) has an IEP ____ **Special instructions:** _____

Student(s) has medical concerns that may affect their transportation
 i.e. (Asthma/Seizures/Diabetes)

Comments:

- ✓ **Cameras have been installed on the buses!**
- ✓ **We are working hard to keep the length of riding time down so routes have been designed accordingly. We use "First on - first off. Last on - last off " schedules.**
- ✓ **Be sure to read the updated RULES OF THE BUS sheet!**

I have received and read a copy of the bus rules:

Parent/Guardian Signature **Date**
OFFICE USE ONLY

| | | | |
|----------------|---------------|---------------|--------------|
| DRIVER: | BUS #: | TIMES: | STOP: |
|----------------|---------------|---------------|--------------|