

2020-2021 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 # _____

****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: