

2021-2022 Transportation Registration YPS WEBSITE

Name of Riders: _____

Teacher

Teacher

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:
----------------	---------------	---------------	--------------