WAUCONDA DISTRICT #118 TRANSPORTATION BUS REGISTRATION

School: Frassati

Please complete for EACH student registering

Please Print

Start Date:_____ Student Number:_____

Grade: 6 7 8

Student Name:_____ Sex: M F
Last First

Home Address: _____
Address City Zip

Birthdate: _____ Home Phone:_____

(Circle One) Parent/Guardian: _____
Last First

Employer:_____ Work Phone Number:_____

Spouse:_____
Last First

Employer:_____ Work Phone Number:_____

EMERGENCY INFORMATION

NAME RELATIONSHIP PHONE NUMBER

_____

_____

SPECIAL INSTRUCTIONS

Is this student receiving special education services?_____Yes _____ No

Does the student have any special needs?_____

Walks to school _____ Will ride the bus _____