BUS TRANSPORTATION REGISTRATION
FRASSATI CATHOLIC ACADEMY

Please complete for EACH student registering

Please Print

Grade: 6 7 8 Sex: M F

Student Name: _____
Last First

Home Address: _____
Address City Zip

Home Phone: _____ Student Cell Phone: _____

Parent/Guardian: _____
Last Name First Name

Work Phone: _____ Cell Phone: _____

Parent/Guardian: _____
Last Name First Name

Work Phone: _____ Cell Phone: _____

EMERGENCY INFORMATION

NAME RELATIONSHIP PHONE NUMBER

_____

_____

ALLERGIES OR OTHER KNOWN HEALTH CONCERNS

_____

_____

Please check here if your family prefers to use St. Mary of the Annunciation or Santa Maria del Popolo as your preferred Bus STOP. Note: if you choose one of these locations, it is the responsibility of the parent or guardian to have the child at that location 5-10 minutes before the scheduled pick-up time. Also, these locations are NOT interchangeable you must choose one.

_____ St. Mary of the Annunciation

_____ Santa Maria del Popolo