



RICHLAND TWO TRANSPORTATION REGISTRATION FORM

THIS FORM MUST BE COMPLETED BY PARENT OR GUARDIAN.

PLEASE RETURN TO YOUR CHILD'S SCHOOL BY EMAIL, FAX, OR HAND DELIVERY.

NOTICE: The Transportation Office will need up to ten (10) working days upon receipt of registration in order to coordinate transportation to and from assigned bus stop. Request for any other pick up or drop off location requires a Day Care Pick-up or Drop-off Request Form and will be based on space available. In order to ensure proper routing and capacity for each bus, the following bus registration form must be completed and returned to your student's school.

Please print clearly or type.

NAME OF STUDENT: _____ (First Name) _____ (Last Name)

NAME OF SCHOOL:

GRADE:

TO SCHOOL:

FROM SCHOOL:

Select an option for both morning and afternoon transportation.

Signature of Parent/Guardian

Date

OFFICIAL USE ONLY

Route # Assigned _____

AM Pickup Time: _____

AM Pick-up Location: _____

PM Pickup Time: _____

PM Drop-off Location: _____