St. Joseph/Marquette Catholic School

BUS REGISTRATION FORM 2004-2005

A. PARENT/GUARDIAN (PLEASE GIVE NAMES FOR BOTH PARENTS.)

_____
FATHER'S LAST NAME FIRST NAME

_____
MOTHER'S LAST NAME FIRST NAME

B. ADDRESS **C.** PHONE

_____ _____
_____ _____
_____ _____

_____ _____
WORK PHONE - FATHER WORK PHONE-MOTHER

D. OTHER PERSON TO CONTACT IN AN EMERGENCY

_____
LAST NAME FIRST NAME RELATIONSHIP PHONE

E. LIST ALL STUDENTS USING BUS AND GRADE LEVEL FOR 2004-2005 YEAR

LAST NAME	FIRST NAME	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. **BUS USE** (PLEASE WRITE IN WHICH STOP YOUR CHILD/CHLDREN WILL USE)

FULL TIME _____
PART-TIME_____
OCCASIONAL_____

G. **BUS STOPS** (PLEASE WRITE IN WHICH STOP YOUR CHILD/CHILDREN WILL USE)

AM_____
PM_____