FULTON INDEPENDENT SCHOOL DISTRICT
Transportation Registration Form

Date of Form:_____

→Student Information: Please Print (all sections must be completed in full)

Student's Full Legal Name_____
Last First Middle (full)

Grade_____ Gender (M)____(F)_____ Birthdate_____

Student SS#_____ Home Phone_____

Physical Address_____Apt_____City_____

Mailing Address_____Apt_____City_____
If different from physical address

→Student will:

_____Ride Bus Twice Daily_____AM_____PM

_____Ride Bus Once Daily _____AM_____PM

_____Will not ride the bus

→Student Lives (from school):

____more than one mile

____less than one mile

→Other Children Enrolled In Fulton Independent Living At Address:

First Name	Middle	Last Name	Birthdate	Gender	Relation to Student	School Attending

Parent Guardian Information: Parents/Guardians Living in Same Household as Student (Primary)

→Guardian 1:

Guardian Name_____Relationship to Student_____
Last First Middle (full)

Cell Phone_____Work Phone_____

→Guardian 2:

Guardian Name_____Relationship to Student_____
Last First Middle (full)

Cell Phone_____Work Phone_____

I, as legal parent/guardian, hereby state that the information contained on this form is accurate and to the best of my knowledge.

Parent/Guardian Signature_____Date_____