

CUSD#4 Registration Form

Student Information

Student Name _____ **Grade** _____ **Sex M/F** _____

Race _____ **Birth Date and Place** _____

Medical Condition/Medicine Taken _____

Student Name _____ **Grade** _____ **Sex M/F** _____

Race _____ **Birth Date and Place** _____

Medical Condition/Medicine Taken _____

Student Name _____ **Grade** _____ **Sex M/F** _____

Race _____ **Birth Date and Place** _____

Medical Condition/Medicine Taken _____

Student Name _____ **Grade** _____ **Sex M/F** _____

Race _____ **Birth Date and Place** _____

Medical Condition/Medicine Taken _____

Parent Information

Mother's Name _____ **Cell#** _____

Other # _____ **Email** _____

Place of Employment & Phone _____

Father's Name _____ **Cell#** _____

Other # _____ **Email** _____

Place of Employment & Phone _____

Guardianship (ex. Mom/Dad) _____

Address of Primary Guardian _____

Additional Address _____

Stepmother Info _____

Stepfather Info _____

Emergency Contact Information

Name and Phone# _____

Relationship to Student _____

Name and Phone# _____

Relationship to Student _____

Babysitter Information

Name and Phone# _____

Please list any Pre-School Siblings and their birth dates:

Is there a parent/guardian in the household who is a member of the U.S. Armed Forces who is currently or expected to be deployed? ___ Yes ___ No

Will need transportation? ___ Yes ___ No

Any additional information: _____

Parent Signature _____ **Date** _____

2022-2023 Transportation Request
Please submit with your registration
only if you need bussing.

Date _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

PARENT NAME: ADDRESS: CITY, STATE ZIP:	Home Phone: Work Phone:
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Transportation Requested:
Your child may be picked up at one location and dropped off at a different location, morning and afternoon. Your drop off and pick up location will be for the quarter and may not be changed before the end of the quarter. We will not accept daily changes.

Morning pick up only Both AM and PM
 Afternoon pick up only

COMMENTS:

FOR OFFICE USE ONLY!

Approved
 Not Approved

Transportation Director Signature: _____ Date: _____

Bus # _____: Driver: _____
Stop Location: _____

COPIES:
Parent (returned by Principal) Transportation Director
Principal/Secretary Regular Route Driver