Bus Registration
2017-2018

1 PARTICIPANT INFORMATION

LAST NAME

FIRST NAME

ADDRESS

CITY

STATE

ZIP

PRIMARY CONTACT PHONE # ( ) -

BIRTHDATE MM/DD/YY / /

SCHOOL

PARENT/GUARDIAN LAST NAME

PARENT/GUARDIAN FIRST NAME

ALTERNATE PARENT PHONE # ( ) -

PARENT EMAIL

2 BUS INFORMATION

Bus Area: Lynden

3 PAYMENT INFORMATION

BUS TOTAL

$ 120

☐ CASH

☐ CHECK #_____

4

PARTICIPANTS ARE NOT ENROLLED UNTIL THEY AND THEIR PARENT/LEGAL GUARDIAN HAVE READ & SIGNED SEPARATE RELEASE OF LIABILITY AGREEMENT AND EMERGENCY MEDICAL INFORMATION & AUTHORIZATION

REQUIRED:

- ☐ Participant Signature
- ☐ Parent/Legal Guardian Sig.
- ☐ Emergency Info/Bus Rules

PAYMENT RECEIVED BY: _____

DATE RECEIVED: _____