

**MITCHELL COUNTY SCHOOLS
TRANSPORTATION DEPARTMENT
SCHOOL BUS ASSIGNMENT FORM
KINDERGARTEN REGISTRATION**

SCHOOL NAME _____ **DATE** _____

Please complete the following information whether or not your child will ride a bus. We are required to physically locate a child's residence (home) address for verification of attendance eligibility.
Thank you for your cooperation.

CHILD'S NAME _____
(LAST) (FIRST) (MIDDLE)
(LEGAL NAME, NOT NICKNAME)

PHYSICAL ADDRESS, NOT A POST OFFICE BOX, APARTMENT OR LOT NUMBER

911 ADDRESS _____
HOUSE NUMBER STREET NAME (RD., LN., ST., AVE.)

CITY STATE ZIP CODE

Home/Cell Phone # _____ Birthdate _____

Is there an older Brother or Sister already riding the bus? _____ (yes/no)

If so, what's the bus number? _____

Will your child ride the bus in the: Morning? _____ Afternoon? _____
(yes/no) (yes/no)

IF YOUR CHILD WILL BE PICKED UP OR DROPPED OFF THE BUS AT A LOCATION OTHER THAN HOME, (daycare, babysitters etc...) PLEASE INDICATE THE 911 ADDRESS; LIST THE DAYS OF THE WEEK YOUR CHILD IS TO BE USING THE LOCATION(S) BELOW; AND IF IT BE DURING MORNING OR AFTERNOON

Alternate Pick-up:

911 ADDRESS: _____
911 NUMBER STREET NAME (RD., LN., ST., AVE.)

AM/PM _____
(circle one) **CITY STATE ZIP CODE**

Alternate Drop Off:

911 ADDRESS _____
911 NUMBER STREET NAME (RD., LN., ST., AVE.)

AM/PM _____
(circle one) **CITY STATE ZIP CODE**

PARENT SIGNATURE _____

(office use only)

Bus stop # _____

Bus run # _____