

**JOHNSON SCHOOL BUS SERVICE**

220 Commerce Street, P.O. BOX 66

Cedar Grove WI 53013

Telephone Number (920)668-6262

Fax Number (920)668-8212

**CEDAR GROVE - BELGIUM SCHOOL DISTRICT**

**Transportation Registration**

(One Registration Form per Family)

**REQUIRED for ALL BUS RIDERS**

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ AM PM FULL DAY

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ AM PM FULL DAY

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ AM PM FULL DAY

Address of PICK UP: \_\_\_\_\_

Address of DROP OFF: \_\_\_\_\_

My child will require busing--  TO SCHOOL  FROM SCHOOL  BOTH

**PARENT INFORMATION**

NAME(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: MOTHER \_\_\_\_\_ CELL PHONE: FATHER \_\_\_\_\_

EMERGENCY NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**IF STUDENT IS BEING PICKED UP AND/OR DROPPED OFF AT ADDRESS OTHER THAN AT HOME:**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**JOHNSON BUS USE ONLY**

PICK UP BUS \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

DROP OFF BUS \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION \_\_\_\_\_