



SCHOOL TRANSPORTATION REGISTRATION

Fill out one form per family each school year.

STUDENT #1

First Name _____ Last Name _____

Grade _____ School _____

Start Date _____ Days needed: Monday Tuesday Wednesday Thursday Friday

Services needed: Morning school drop off _____ (time) After school pick up _____ (time)

Important medical information that a driver would need to know in case of emergency:

STUDENT #2

First Name _____ Last Name _____

Grade _____ School _____

Start Date _____ Days needed: Monday Tuesday Wednesday Thursday Friday

Services needed: Morning school drop off _____ (time) After school pick up _____ (time)

Important medical information that a driver would need to know in case of emergency:

STUDENT #3

First Name _____ Last Name _____

Grade _____ School _____

Start Date _____ Days needed: Monday Tuesday Wednesday Thursday Friday

Services needed: Morning school drop off _____ (time) After school pick up _____ (time)

Important medical information that a driver would need to know in case of emergency:

Home Address: _____

Parent(s)/Guardian(s) Name: _____

Phone _____ Email Address _____

To submit registration, print form scan and email form to hello@thehappykidzacademy.com