



SCHOOL BUS REGISTRATION 2024-2025

EAST JACKSON COMMUNITY SCHOOLS

TRANSPORTATION DEPARTMENT

517-769-8806

Please fill out this form completely.

DATE: _____ GRADE: _____ ENTRY DATE: _____

To be filled out by BOTH Parents if living in 2 separate homes:

Name of Student: _____ DOB: _____

Name of Parent/Guardian _____

Home address: _____

Cell Phone: _____ Email address: _____

Does your child have allergies? Y or N - List Allergies: _____

List any medications your child is taking on a regular schedule: _____

Pick up or drop off options #2 – This must be thoroughly completed.

Parent/guardian Name: _____ Phone # _____

Address: _____

PICK UP & DROP OFF _____ PICK UP ONLY _____ DROP OFF ONLY _____

Days of week Requested: Mon Tues Wed Thurs Fri

****Students may not change bus stops without notification and approval from the Transportation Dept.**

Student can be **DROPPED OFF** unattended at bus stop: YES _____ NO _____

The following person(s) have permission to meet my child at the bus in my absence. Please include siblings:

Parent Signature _____ Date: _____

The Transportation Department will use the following criteria to base its decision to provide transportation from an alternate address:

- The alternate address must be within the same school's attendance boundary.
- If the stop is not for five (5) days, parents must list the days requested and parents assume responsibility for their children's schedule.

***** FOR OFFICE USE ONLY*****

ROUTE: _____ BUS: _____ DRIVER: _____

STOP LOCATION: _____

APPROVED BY: _____ DATE: _____ EFFECTIVE: _____

Original: Transportation

CC: CA-60

Kitchen