



ROTHSAY PUBLIC SCHOOL
BUS REGISTRATION FORM
2019-20

This form is to be completed for each student/family using Rothay School's transportation service.

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Parent/Guardian Names _____

Daytime Contact Number(s) _____

Primary Email _____

____ Will your child be transported to a daycare home or facility? If yes, please provide address _____

____ Does your student(s) have two different home addresses? Please provide a schedule if they will have more than one regular drop off and pick up place.

Primary Home Address _____

Second Home Address if Applicable _____
