Kindergarten School Bus Transportation Information



School:		
Student's Name:		
Student's Home Add	ress:	
	er:	
Parent/Guardian Nar	ne:	
<u>Additional adults a</u>	uthorized to receive student of	f the bus (not sibling riders)
Name		Relationship
	nature	
<u>"To school" bus pi</u>	ck up information:	
Bus #	Route Color:	Home
"Bus Stop" address	From Bus Route Stop Address List	Day Care
"After school" bus	take home information:	
Bus #	Route Color:	Home
"Bus Stop" address	From Bus Route Stop Address List	Day Care
OFFICE USE:	Holli bus Route Stop Address List	
Teacher/Classroom		

Schools-please give a copy to your bus driver at the start of the school year. As new Kindergarten students enroll throughout the year, fill out the form and give a copy to the driver. All Kindergarten riders must have a form on file.

Kindergarten Registration Form Completed	
	Date



Kindergarten Jump Start Registration Form

טטפט ווופ טוני	ident nave an	ILF/JU4 FIAI	1: 🗀 163	□ NO II yes,	please describe	ally ILF/S	04 accommod	ialions needed.
					please describe			dations needed:
	_	_			lo If yes, pleas			
Does the stu	dent have an	/ allergies? 1	□ Yes □	No If ves. ple	ease describe:			
Emergency (Contact may p	ick up stude	nt:	Yes □ No)			
Phone: () Home		()	Cell)	Work	
Di /			,			r V		Jousin, etc.)
Emergency (Contact:	First		Last		Polatio	nship (grandmother,	cousin eta l
,	_	First		Last		Relation	nship (mother, father	etc.)
Adult picking	ı up student:							
Cell Phone:	()		Mess	-	ates may apply.	· ·		·
Would you li	ke to receive v	veekly texts	this summe	•	elp prepare for l vailable in: 🔲 E	_		」 No ease check preferenc∈
Phone: ()	()		_ Email:			
Parent/Guar	dian Name:		Firs		Last		Relationship (mo	
	•			0010	, 11 Juo, process	or namo. <u>.</u>		
Did the stude	ent attend a ni							
Primary Hon	ne Language:		nglish ussian					
		Street			Apt		City	Zip
Home Addre	iss.							
Gender:	Male	Female	School t	he student will	attend in the fal	l:		
Student Nan		First			Last			(mm/dd/yyyy)

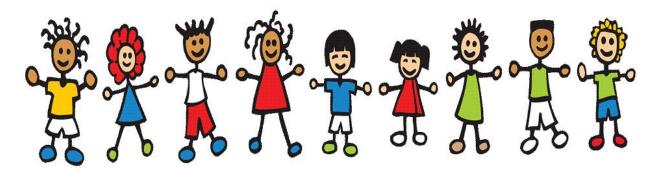


E-mail Address:_

Interested in (check all that apply):

Early Learning

Do you have a sibling under the age of 5?



We would love to share Vancouver Public Schools early learning information with you!

Receiving Vancouver Public Schools early learning monthly newsletter

	1-2-3 Grow and Learn Program Early childhood concerns Evening early learning opportunities					
Parer	nt/Guardian:					
۸ddr	(Name, PLEASE F					
Auui	ess: (Street, City, Stat	e, Zip)				
Phon	e Numbers:	(CE	(CELL)			
Neigh	nborhood School:					
Dayca	are/Preschool Provider:			<u>.</u>		
Child	's Name:(PLEASE PRINT)	Please Circle:	Male	Female		
	(PLEASE PRINT) Date of Birth:					
Child	's Name:(PLEASE PRINT)	Please Circle:	Male	Female		
Age:_	Date of Birth:					
Prima	ary Home Language:					