

Kindergarten School Bus Transportation Information



School: _____

Student's Name: _____

Student's Home Address: _____

Parent Phone Number: _____

Parent/Guardian Name: _____

Additional adults authorized to receive student off the bus (not sibling riders)

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature _____

"To school" bus pick up information:

Bus # _____ Route Color: _____ Home _____

"Bus Stop" address _____ Day Care _____
From Bus Route Stop Address List

"After school" bus take home information:

Bus # _____ Route Color: _____ Home _____

"Bus Stop" address _____ Day Care _____
From Bus Route Stop Address List

OFFICE USE:

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 Jump Start Registration Form

Student Name: _____ Date of Birth: _____
First Last (mm/dd/yyyy)

Gender: Male Female School the student will attend in the fall: _____

Home Address: _____
Street Apt City Zip

Primary Home Language: English Spanish
 Russian Other _____

Did the student attend a preschool? Yes No If yes, preschool name: _____

Parent/Guardian Name: _____
First Last Relationship (mother, father, etc.)

Phone: () _____ () _____ Email: _____
Home Work

Would you like to receive weekly texts this summer with tips to help prepare for kindergarten? Yes No
 If yes, available in: English or Spanish (please check preference)

Cell Phone: () _____ Message and data rates may apply.

Adult picking up student: _____
First Last Relationship (mother, father, etc.)

Emergency Contact: _____
First Last Relationship (grandmother, cousin, etc.)

Phone: () _____ () _____ () _____
Home Cell Work

Emergency Contact may pick up student: Yes No

Does the student have any allergies? Yes No If yes, please describe: _____

Does the student have any other health concerns? Yes No If yes, please describe: _____

Does the student have an IEP/504 Plan? Yes No If yes, please describe any IEP/504 accommodations needed: _____

Photographs, Videos or Other Images:

Release my child's photograph, video or other images for district or public use in publications or media.

Yes No

Parent/Guardian Signature: _____ Date: _____

Please sign and return to your child's school.

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!

E-mail Address: _____

Interested in (check all that apply):

- Receiving Vancouver Public Schools early learning monthly newsletter
- 1-2-3 Grow and Learn Program
- Early childhood concerns
- Evening early learning opportunities

Parent/Guardian: _____
(Name, PLEASE PRINT)

Address: _____
(Street, City, State, Zip)

Phone Numbers: _____ (HOME) _____ (CELL)

Neighborhood School: _____

Daycare/Preschool Provider: _____

Child's Name: _____ **Please Circle:** Male Female
(PLEASE PRINT)

Age: _____ **Date of Birth:** _____

Child's Name: _____ **Please Circle:** Male Female
(PLEASE PRINT)

Age: _____ **Date of Birth:** _____

Primary Home Language: English Spanish
 Russian Other: _____