



TRAVERSE CITY AREA PUBLIC SCHOOLS

ENROLLMENT FOR TRANSPORTATION

School _____ Grade _____

STUDENT INFORMATION

Legal Last Name		First Name		Middle Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address			Apt #/P.O. Box	City		Zip	
Home Phone # ()		Unlisted Phone #? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number — —		Date of Birth	

PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name		First Name		Middle Name		Relationship	
Place of Employment				Work Phone ()		Mobile Phone/Pager	
Parent/Guardian Last Name		First Name		Middle Name		Relationship	
Place of Employment				Work ()		Mobile Phone/Page	

DAYCARE INFORMATION

Daycare Name		Street Address					
Daycare Phone # ()		Days of Week for Daycare <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> BOTH					

EMERGENCY CONTACTS (if we are unable to contact you, please list 2 LOCAL emergency contacts)

Last Name		First Name		Middle Name		Relationship	
Street Address			City		Zip	Phone #	
Last Name		First Name		Middle Name		Relationship	
Street Address			City		Zip	Phone #	

HEALTH INFORMATION (please note any pertinent medical information about this student including medical conditions or medications)

Physician Name		Physician Phone #	

Signature of Parent/Guardian		Date	
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