



**Office Use Only**

Student Id: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Initials: \_\_\_\_\_

**Kindergarten Transportation Registration**

Phone: 541 355 5702 Fax: 541 355 5710

**Students Name**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Physical Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School Name: \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Alternate Address \_\_\_\_\_ Phone \_\_\_\_\_

AM days at Alternate Location  
 Mon.  Tue.  Wed.  Thu.  Fri.

PM days at Alternate Location  
 Mon.  Tue.  Wed.  Thu.  Fri.

Special Instructions: \_\_\_\_\_

**Routing Information**

AM Route \_\_\_\_\_ PM Route \_\_\_\_\_  
 AM Stop \_\_\_\_\_ PM Stop \_\_\_\_\_

**Drop Off Instructions**

List authorized names for pick-up of student(s) other than parent / guardian. If there is no parent or guardian at the assigned stop, we will return your students back to their school.

Authorized: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Authorized: \_\_\_\_\_ Relationship: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Okay to drop student unattended? YES  NO

Please select the type of request this is  
 New Request  Change Request  Delete Request

Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

All changes to your student's schedule must be in writing and turned in to your Students School or the Transportation Center.