AFTER-SCHOOL COMPREHENSIVE REMEDIAL PROGRAM

RICHLAND COUNTY SCHOOL DISTRICT ONE
STUDENT TRANSPORTATION SERVICES
STUDENT SCHOOL BUS REGISTRATION FORM 2007-2008 SY

THIS FORM MUST BE COMPLETED BY PARENT OR GUARDIAN

NOTICE: Transportation is provided to and from home address only within the school attendance zone that your child is attending. **Request for alternate pick up or drop off location** (ex. daycare, grandparents home, work locations, etc.) **must be submitted in writing to the Student Transportation Services Department** and must be approved before the child can ride the bus. Keep in mind that alternate pick up and/or drop off locations must also be within the same school attendance zone and are approved only for students eligible for transportation. Submission of this form does not constitute a written request for an alternate pick up/drop off location nor does it authorize any transportation other than to or from home address. **Parents of registered students who desire their child to ride a bus other than their own bus to and from school must contact the Transportation Office 24 hours in advance for authorization.** Request or alternate pick up/drop off locations should be sent to: Richland County School District One, Lower Richland Student Transportation Services, 1513 Rabbit Run, Hopkins, SC 29061 or faxed to (803) 695-4007.
Student school bus registration forms must be completed and returned to the address noted above prior to the beginning of each school year or when a new student enrolls in the district.

(Please Print Clearly)
DATE: _____

NAME OF SCHOOL: _____ GRADE: _____

NAME OF STUDENT: _____ _____
(LAST NAME) (FIRST NAME)

NAME OF PARENT/GUARDIAN: _____ _____
(LAST NAME) (FIRST NAME)

ADDRESS: _____ _____ _____
(STREET ADDRESS, NAME & APT. NO.) (CITY) (ZIP)

NAME OF SUBDIVISION, NEIGHBORHOOD, OR APT. COMPLEX: _____

HOME PHONE #: _____ CELLULAR OR PAGER #: _____

MOTHER'S WORK #: _____ FATHER'S WORK#: _____

EMERGENCY POINT OF CONTACT: _____

EMERGENCY PHONE #: _____
MEDICAL CONCERNS: _____

_____

OFFICIAL USE ONLY:

BUS STOP LOCATION: _____ TIME: _____ BUS # _____

ALTERNATE P/U LOCATION: _____ TIME: _____ BUS # _____

ALTERNATE P/U LOCATION: _____ TIME: _____ BUS # _____