

SAU #39

AMHERST/MONT VERNON/SOUHEGAN SCHOOL DISTRICTS

BUS TRANSPORTATION REGISTRATION FORM

Please fill out form completely. Street address is needed to ensure student(s) will be assigned to a Bus Route and Bus Stop.

Student Name: _____

Address: _____

Town: _____ Zip: _____

Phone Number: _____

Parent(s) Name: _____

School: _____ Grade: _____

Office Use Only

Student ID Number: _____

Date Entered: _____

Route Assigned: _____

Bus Assigned: AM _____ PM _____