



EAST MAINE SCHOOL DISTRICT 63

Bus Registration Form 2020-21 School Year

Please circle the school that the student will be attending:

Apollo Mark Twain Melzer Nelson Washington Gemini

Student Information

ID # _____ Last Name: _____ First Name: _____

Address: _____

Grade Entering: _____

Parent/Guardian Information

Full Name: _____

Address: _____

Primary Phone Number to be listed on bus pass: _____

Daytime Phone: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact Information

Full Name: _____ Relationship to Child: _____

Emergency Contact Phone #1: _____ Contact Phone #2: _____

Bus Information

Address of Pickup (if other than home, must be within school boundaries)

Address of Dropoff (if other than home, must be within school boundaries)

Signature of Parent/Guardian _____ Date: _____

Office Use Only

Bus Fee Paid: Yes _____ No _____ N/A _____ Amount Paid: _____

Payment Plan: Yes _____ No _____

MUST CHECK ONE

Bus Status Code: Over 1 ½ Miles _____ Hazardous _____ Pay _____ Special Ed _____