

# New Richmond School Bus Registration Form

North America Central School Bus  
 785 Noble Rd., New Richmond, WI  
 Phone: (715) 246-3261 Fax: (715) 246-7310

## Student Information 2014-2015

All school aged students in Family	Sex M / F	Date of Birth	Grade	School	Pick up bus stop should be near (circle one)	Drop off bus stop should be near (circle one)	Check if student will not ride a bus to school	Check if student will not ride a bus from school.	Place an * if student has health concerns.
Last Name, First Name					home day/care home day/care home day/care home day/care	home day/care home day/care home day/care home day/care			

## Family Information

Is this an address change?  Yes  No Does this student have split households?  Yes  No

If your children are shared between split households, please submit a form for both residences and contact us if you have further questions.  
 Physical Home Address (street, city, state, zip code) Mailing Address (PO box, city, state, zip code) Home phone:

Parent Name:	Work phone:	Cell phone:
Parent Name:	Work phone:	Cell phone:
Emergency Contact Name (other than parent):	Home phone:	Cell phone:

## \*Health Information (more forms available on school website)

Last Name, First Name	Nature of Disability (please be specific)	
Physician Name	Telephone Number	
Hospital Preference	Telephone Number	

## Alternate Bus Stop Authorization

The Alternate Bus Stop is for parents of students who want to designate a child care location for bus pick up and/or drop off.

Child Care Provider	Address	Phone
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## Effective date to start transportation

Check box if there is no change in transportation

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_