



**A**DDISON COMMUNITY SCHOOLS  
219 Comstock • Addison, MI 49220

**New Student Bus Information**

Child's Name

Grade


Parent/Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Mother's Information

Father's Information

Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone _____

Please list one person who we may contact in case of emergency if neither parent can be reached:

\_\_\_\_\_  
Name Phone Number

Brief physical description of location of home (landmarks, crossroads, etc.):

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Where will your child go after school every day? \_\_\_\_\_ Home \_\_\_\_\_ Daycare

Daycare provider's name, address, and phone number: \_\_\_\_\_

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Is there any medical condition that you feel the bus driver should be made aware of? \_\_\_\_\_

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Please inform the office of any address or phone changes as soon as possible.

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For Office Use Only

Bus Number: \_\_\_\_\_

Pick up Time: \_\_\_\_\_

Drop Off Time: \_\_\_\_\_

\_\_\_\_\_ Parent/Guardians Notified

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