

# ENROLLED STUDENT SCHOOL BUS INFORMATION FORM

Solicitud de transporte escolar para nuevos estudiantes

L I B E R T Y B E L L

SCHOOL NAME

Nombre de la Escuela

F A X #

FAX #

STUDENT LAST NAME (CHILD 1)

STUDENT LAST NAME

(CHILD 1)

Apellidos del Estudiante

STUDENT FIRST NAME

STUDENT FIRST NAME

Nombre

GRADE LEVEL

GRADE LEVEL

Grado

STUDENT LAST NAME (CHILD 2)

STUDENT LAST NAME

(CHILD 2)

Apellidos del Estudiante

STUDENT FIRST NAME

STUDENT FIRST NAME

Nombre

GRADE LEVEL

GRADE LEVEL

Grado

COMPLETE PHYSICAL ADDRESS - NO PO BOX'S (EX: 123 E MAIN ST)

COMPLETE PHYSICAL ADDRESS - NO PO BOX'S (EX: 123 E MAIN ST)

Dirección de habitación - No PO Box (Ejemplo: 123 E Main St)

APT #

APT #

Apto #

ZIP CODE

ZIP CODE

Código Postal

PARENT'S NAME

PARENT'S NAME

Nombre del Padre o Madre

WORKING DAYTIME PHONE NUMBER

WORKING DAYTIME PHONE NUMBER

Teléfono para contacto (Actual)

Si necesita que se le notifique la información en español, marque esta casilla

FOR QUESTIONS, PLEASE CALL 423-434-6278

Para preguntar en español: (423) 791-2080

## TRANSIT USE ONLY

BUS STOP LOCATION	PICK UP	AM	PM
	TIME	BUS #	BUS #
EFFECTIVE DATE:	1.5 miles from school yes or no		

NO SERVICE FOR TUITION AND/OR ZONE TRANSFER STUDENTS

JCT WILL CALL PARENTS WITH THE INFORMATION AND INFORM THEM OF EFFECTIVE DATE

COMPLETED FORM WILL BE FAXED TO SCHOOL

DO NOT ALLOW STUDENTS TO BOARD BUS UNTIL THE EFFECTIVE DATE

HAVE PARENTS COMPLETE THIS FORM ONLY IF THEY WANT SCHOOL BUS INFORMATION