

PLEASE PRINT

DATE: _____

KITTATINNY REGIONAL HIGH SCHOOL
BUS TRANSPORTATION FORM

_____ ()M ()F _____
Student Name Present Grade Date of Birth

Name of Parent/Guardian _____

Home Phone _____ Work or Cell Phone _____

Mailing Address _____

Street Name ***VERY IMPORTANT*** _____

Nearest Intersection _____

Township in which you reside _____

Signature of Parent/Guardian _____

FOR OFFICE USE ONLY:

_____ Student ID

_____ State ID