



P. O. Box 130
Swainsboro, GA 30401
478-237-6674
478-419-1102 FAX

Pupil Transportation New Student Registration Form

(A) TO BE COMPLETED BY THE PARENT/GUARDIAN

School: _____

Today's Date: _____

Student Name: _____

Grade: _____

Address: _____

Parent/Guardian: _____

Home Telephone: _____

Work Telephone: _____

Student will Ride: _____ AM _____ PM

(Bus pick-up begins 24 hours after student enrollment)

(B) TO BE COMPLETED BY SCHOOL OFFICIAL

Transportation Beginning Date: _____

Approx. Pick-up Time _____

Approx. Drop-off Time: _____

Bus Driver: _____

Bus Number: _____

Comments: _____

***PARENT/STUDENT: Please give this form to the driver the first time the student boards the bus.
SCHOOL OFFICIAL: Please deliver a copy to the Transportation Office.***