



**SENATOBIA MUNICIPAL SCHOOL DISTRICT
STUDENT TRANSPORTATION REGISTRATION FORM**

2019-2020 School Year

If your child will require transportation for the 2019-2020 school year, please complete this form. Please provide the following information (print in ink) and sign this form. Use a different form for each child.

Name of Student: _____

Grade: _____ **Parent's Phone Number:** _____

Name of Parent or Guardian: _____

Home Address: _____

Today's Date: _____

Does your child have any health concerns or medication that the driver should be aware of in case of emergency? _____

If yes, specify. _____

Your signature on the signature page of the Student Handbook indicates that you will have reviewed the Transportation and Bus Conduct Guideline, the Bus Conduct Discipline Rules and other school bus information. Please take the time to go over the bus rules with your child.

Failure to complete and return this form could result in your child not being allowed to ride a school bus. If you have questions, feel free to call me at 662-562-4897.

Thank you,

John David Weeks
Transportation Director

(For Office Use Only)

BUS ASSIGNMENT:

Bus Number _____ A.M. Bus Stop _____ Time _____
P.M. Bus Stop _____ Time _____