

SURRY ELEMENTARY SCHOOL  
STUDENT TRANSPORTATION FORM

NAME OF CHILD OR CHILDREN WHO WILL BE RIDING THE BUS: \_\_\_\_\_

GRADE(S) \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PARENT(S) NAMES(S): \_\_\_\_\_

PHONE # HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK #: \_\_\_\_\_

EMERGENCY CONTACT (1) NAME/PHONE #: \_\_\_\_\_

EMERGENCY CONTACT (2) NAME/PHONE #: \_\_\_\_\_

Will your child(ren) be picked up/dropped off at a sitter or daycare: NO \_\_\_\_\_ YES \_\_\_\_\_

IF YES, WHICH DAYS OF THE WEEK: M T W TH F

NAME/ADDRESS/PHONE # OF SITTING/DAYCARE: \_\_\_\_\_

ANY MEDICAL CONCERNS THE BUS DRIVER SHOULD BE AWARE OF? NO \_\_\_\_\_ YES \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

If this is your FIRST child attending THIS school or if your family is NEW to this school,  
please identify the characteristics of your house (color, type, mailbox number etc...)

PARENT SIGNATURE: \_\_\_\_\_