



School Bus Transportation Sign-Up Form

Student Name: _____ Grade: _____

Classroom: _____

Address: _____ Area of Victoria?: _____

Please check off the days that your child will be taking the bus (\$5 per day to be added to monthly EFT Form):

Everyday Monday Tuesday Wednesday Thursday Friday

Phone numbers for bus driver (in case of emergency)

Home phone #: _____

Mother's Name: _____ cell phone #: _____

Father's Name: _____ cell phone #: _____

Parent/Guardian Signature: _____ Date: _____