

AVON GROVE SCHOOL DISTRICT
STUDENT TRANSPORTATION REGISTRATION FORM

Complete a separate form for each student.

2018 - 2019

New Student

Change of Address

Updated Request for 2018-19 SY

Previous School Attended _____

School: _____ **School Year:** _____

Student First Name: _____ **Middle Name:** _____ **Last Name:** _____

Gender: M F **Phone Number:** _____ **Date of Birth:** _____ **Grade:** _____

Residence Address:
House # and Street _____

City, State, Zip _____

Mailing Address: (if different) _____

City, State, Zip _____

Parent Name: _____ **Contact Number:** _____

Parent Name: _____ **Contact Number:** _____

Emergency Contact: _____ **Relationship:** _____ **Contact Number:** _____

Type of Busing Requested: AM ONLY PM ONLY AM & PM No Transportation, will contact the school if transportation services are required.

Parent Signature: _____