

**AVON GROVE SCHOOL DISTRICT
STUDENT TRANSPORTATION REGISTRATION FORM**

Complete a separate form for each student.

Please check all that apply:

2019 - 2020

New Student

Updated Request for 2019-20 SY

Change of Address (within AGSD)

* Your Child was a Bus Rider 2017-18 SY *Check if applicable for the 2017-18 School Year for data collection purposes

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: _____