

**CUSD#4 Registration Form**

**Student Information**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Sex M/F** \_\_\_\_\_

**Race** \_\_\_\_\_ **Birth Date and Place** \_\_\_\_\_

**Medical Condition/Medicine Taken** \_\_\_\_\_

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Sex M/F** \_\_\_\_\_

**Race** \_\_\_\_\_ **Birth Date and Place** \_\_\_\_\_

**Medical Condition/Medicine Taken** \_\_\_\_\_

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Sex M/F** \_\_\_\_\_

**Race** \_\_\_\_\_ **Birth Date and Place** \_\_\_\_\_

**Medical Condition/Medicine Taken** \_\_\_\_\_

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Sex M/F** \_\_\_\_\_

**Race** \_\_\_\_\_ **Birth Date and Place** \_\_\_\_\_

**Medical Condition/Medicine Taken** \_\_\_\_\_

**Parent Information**

**Mother's Name** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Other #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Place of Employment & Phone** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Other #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Place of Employment & Phone** \_\_\_\_\_

**Guardianship (ex. Mom/Dad)** \_\_\_\_\_

**Address of Primary Guardian** \_\_\_\_\_

**Additional Address** \_\_\_\_\_

**Stepmother Info** \_\_\_\_\_

**Stepfather Info** \_\_\_\_\_

**Emergency Contact Information**

**Name and Phone#** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Name and Phone#** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Babysitter Information**

**Name and Phone#** \_\_\_\_\_

**Please list any Pre-School Siblings and their birth dates:**

\_\_\_\_\_

**Is there a parent/guardian in the household who is a member of the U.S. Armed Forces who is currently or expected to be deployed? \_\_\_ Yes \_\_\_ No**

**Will need transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Any additional information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**2023-2024 Transportation Request**  
Please submit with your registration.

Date \_\_\_\_\_

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STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

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STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

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STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

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PARENT NAME:

Home Phone:

ADDRESS:

Work Phone:

CITY, STATE ZIP:

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**Transportation Requested:**

**Your child may be picked up at one location and dropped off at a different location, morning and afternoon. Your drop off and pick up location will be for the quarter and may not be changed before the end of the quarter. We will not accept daily changes.**

Morning pick up only  
 Afternoon drop off only

Both AM and PM

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COMMENTS:

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**FOR OFFICE USE ONLY!**

Approved  
 Not Approved

Transportation Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bus # \_\_\_\_\_ : Driver: \_\_\_\_\_  
Stop Location: \_\_\_\_\_

**COPIES:**  
Transportation Director  
Principal/Secretary      Regular Route Driver

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