JOHNSON SCHOOL BUS SERVICE

220 Commerce Street, P.O. BOX 66 Cedar Grove WI 53013

Telephone Number (920)668-6262

Fax Number (920)668-8212

CEDAR GROVE - BELGIUM SCHOOL DISTRICT

Transportation Registration

(One Registration Form per Family)

REQUIRED for ALL BUS RIDERS

STUDEN	TINFORMATION			
Name:	Grade:	AM	PM	FULL DAY
Name:	Grade:	AM	РМ	FULL DAY
Name:	Grade:	AM	РМ	FULL DAY
Address of PICK UP:				
Address of DROP OFF:				
My child will require busing TO SCHOOL	☐ FROM SC	HOOL		вотн
	INFORMATION			
NAME(S):	£-			
HOME ADDRESS:				
CITY:		ZIP: _		
HOME PHONE:				
CELL PHONE: MOTHER	CELL PHON	E: FATHER		
EMERGENCY NUMBER:				
EMAIL ADDRESS:				
IF STUDENT IS BEING PICKED UP AND/OR D			OTHE	R THAN AT HOM
Contact Name:	, F	Phone:		
JOHNSON BUS USE ONLY PICK UP BUS	TIME	LOCATI	ON	
DROP OFF BUS				