

STUDENT DATA FOR SCHOOL BUS					
Last	First	Middle	ADDRESS		PHONE #: Emergency #:
NAME OF PARENT/GUARDIAN			BUS STOP LOCATION		
Race	Date of Birth	Age			
SPECIAL EDUCATION EXCEPTION (circle) Yes No		SPECIAL EQUIPMENT REQUIRED Wheel Chair _____ Braces _____ Seat Belts _____ Stroller _____ Crutches _____ Car Seat _____		ATTENDANT REQUIRED? (Circle) Yes No	
ALL INFORMATION you consider vital that the Bus Driver should know such as: (Physical Defects, Allergies, Diabetes, Epilepsy, etc)					
School Attending		Grade		Bus #	
Driver's Name					
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