

Allegheny Valley School District  
**PUPIL TRANSPORTATION REGISTRATION FORM**

School Year \_\_\_\_\_

Student is  Walker Building Grade Level  
 Bus Student  Acme \_\_\_\_\_  
 Colfax \_\_\_\_\_  
 SHS \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Mother Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized to pick up child:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

AM INFORMATION

Student will be transported from  Home  Day Care

PM INFORMATION

Student will be transported to  Home  Day Care

If daycare, please complete the following:

Name of Day Care & Contact \_\_\_\_\_

Address of Day Care \_\_\_\_\_

Day Care Phone \_\_\_\_\_

*Use reverse side for any additional notes*

**Requests for changes in transportation assignments that do NOT comply with District Policy WILL NOT be granted.**

*Office Use ONLY*

Student assigned AM Bus \_\_\_\_\_ Time \_\_\_\_\_ PM Bus \_\_\_\_\_

Bus Stop Location \_\_\_\_\_

Recorded by \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Notified \_\_\_\_\_