



**2016/17 STS Bus Registration Form  
\$100 registration fee**



Family Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Cross Street \_\_\_\_\_ Subdivision \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Students:

First Name \_\_\_\_\_ Grade in Fall 2016 \_\_\_\_\_

First Name \_\_\_\_\_ Grade in Fall 2016 \_\_\_\_\_

First Name \_\_\_\_\_ Grade in Fall 2016 \_\_\_\_\_

First Name \_\_\_\_\_ Grade in Fall 2016 \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Where will your students be picked up in the morning? Home \_\_\_\_\_ Daycare\* \_\_\_\_\_

Where will your students be dropped off in the afternoon? Home \_\_\_\_\_ Daycare\* \_\_\_\_\_

\*Please provide the name and address of the after school care provider, with cross street

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_

Cross Street: \_\_\_\_\_

Are you registered at a Catholic Parish? \_\_\_\_\_ If yes, which Parish \_\_\_\_\_

For Office Use

Registration fee: check #/Date \_\_\_\_\_ Amount Due: \_\_\_\_\_

AM Route \_\_\_\_\_ Stop \_\_\_\_\_ Time \_\_\_\_\_

PM Route \_\_\_\_\_ Stop \_\_\_\_\_ Time \_\_\_\_\_