

STARS L. SCHOOL BUS INFORMATION SHEET

Child's Information

Last Name: _____ **First Name:** _____

School: _____ **Grade:** _____

Contact Information:

Parent/Guardian(s):

Phone #'s:

Home: _____

Cell: _____

Other: _____

Address:

Email Address: _____

(For Company Use Only)

PICK UP: _____ **Drop Off:** _____

Emergency Information

Medical Condition/ Allergies: _____

Medicine: _____

Physician: _____ **Phone #:** _____

Hospital of Choice: _____

Person to call in case parent/guardian cannot be contacted:

Name: _____ **Phone #:** _____