

# Prestige School Transportation Card



Name of Student: \_\_\_\_\_ Home Number \_\_\_\_\_

Grade Level (2018-2019) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Father's Name: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

We Require Bussing (please check):

To School: \_\_\_\_\_ From School: \_\_\_\_\_ To and from School: \_\_\_\_\_

Address for bussing to school: \_\_\_\_\_

Address for bussing from school: \_\_\_\_\_

Bussing is required for the school year: \_\_\_\_\_

OR

Part-time bussing (please indicate dates needed): \_\_\_\_\_

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

Emergency contact other than parents: \_\_\_\_\_ Phone: \_\_\_\_\_

Important: If a student is anaphylactic, it is compulsory that an EpiPen is worn at all times – at school, during school trips, and on the school bus. Please indicate below, all allergies, and if EpiPen is worn.

Allergies: \_\_\_\_\_

EpiPen: Yes: \_\_\_\_\_ No: \_\_\_\_\_