

# YALE PUBLIC SCHOOLS TRANSPORTATION REGISTRATION

Grade \_\_\_\_\_  
School \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

PLEASE PRINT

Name \_\_\_\_\_ Date Enrolled \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street PO Box City Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Male/Female  
Month Day Year Please Circle

Father's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Child resides with \_\_\_\_\_  
Name \ Relationship

Legal custodian if not living with parents \_\_\_\_\_

Please list siblings/students who live at same address and attend Yale Public Schools:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Transportation from: home / sitter / daycare: AM pick up / PM drop off / 1/2 day  
(Please circle what applies) Mid-day pick / Mid-day drop off

Sitter / Daycare Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_

Our home is located on \_\_\_\_\_ the nearest crossroads are (between which two roads)  
\_\_\_\_\_ and \_\_\_\_\_

Is your home located on the ( north / south / east / west ) side of the road?  
(Please circle one)

In the event of a medical emergency, and the school or transportation office is unable to contact me, I hereby authorize the school or transportation office to contact the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school or transportation department may make whatever arrangements seem necessary. I agree to assume financial responsibility for these emergency referrals (this included hospital, medical and ambulance services).

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Parent or Guardian's Signature \_\_\_\_\_

In order for our department to release your student(s) to anyone other than a parent/guardian, you must list contacts below in the event of an emergency and you are not home at your child's drop off time. Please put name, relationship, address, and phone of a neighbor, friend, or relative living nearby who is willing to assume temporary care of the student in the absence of parent/guardian. Further information, please reference the school districts Child Abandonment Policy.

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

Please return completed form to the Transportation Department