



Attach  
Recent  
Photo

### ACST - BUS REGISTRATION AND CONTRACT

Student Last Name

Student First Name (s)	Grade	Gender

Primary cell contact number: \_\_\_\_\_

Mother cell \_\_\_\_\_ Work number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father cell: \_\_\_\_\_ Work number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Nearest land mark to home residence: \_\_\_\_\_

Expected Start date: \_\_\_\_\_ Expected end date: \_\_\_\_\_

Full-time  Morning & Afternoon pick up and drop off

Half-time  Morning pick up only

Afternoon drop off only

*I request that my child/children be placed on a bus route that serves our area, and agree to pay all applicable fees in a timely manner. I agree to meet and assist my child on pick up and drop off.*

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_