



American
Cooperative School
of Tunis
SINCE 1959

ACST – BUS REGISTRATION FORM

PLEASE FILL IN THIS FORM AND RETURN IT TO THE BUSINESS OFFICE

Transportation@acst.net

mbouagina@acst.net

STUDENT LAST NAME:

STUDENT FIRST NAME (S):		Grade	Gender	
1			F <input type="checkbox"/>	M <input type="checkbox"/>
2			F <input type="checkbox"/>	M <input type="checkbox"/>
3			F <input type="checkbox"/>	M <input type="checkbox"/>
4			F <input type="checkbox"/>	M <input type="checkbox"/>
5			F <input type="checkbox"/>	M <input type="checkbox"/>

CONTACT INFORMATION:

Primary Cell contact number:

Mother's Cell: _____

Work number: _____

Father's Cell: _____

Work number: _____

I need a bus for:

Full-Time

Morning & Afternoon

Pick up and Drop Off

Half-Time

Morning Pick up only

Afternoon Drop off only

Expected start date:

Expected end date:

I request that my 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:

SIGNATURE:

DATE:

____/____/____



ACST

Cite Taeib M'hiri BP 150
2045 Laouina . Tunisia

Phone & Fax

Tel: +216 71 760 905
Fax: +216 71 761 412

Online

Email : school@acst.net
Website: www.acst.net