



# Transportation Registration Form



School: Teleos Preparatory Academy  
Route:

Monday, May 22, 2017

Student Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Grade \_\_\_\_\_  
 Address \_\_\_\_\_  
 Cross Streets: \_\_\_\_\_

Am Rider  
 Pm Rider  
 AM Pick-up Location  
 PM Drop-off Location

Yes No Sometimes

\_\_\_\_\_  
 \_\_\_\_\_

Parent or Legal Guardian(s) \_\_\_\_\_  
 Primary Phone Number ( ) - \_\_\_\_\_  
 Secondary Phone Number ( ) - \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Emergency Contact Phone ( ) - \_\_\_\_\_  
 Signature of Guardian \_\_\_\_\_



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