Office Use Only
Building:
Enter Date:
Grade:

If corrections, additions, or deletions are negudent's					Nickname:		
egal Name:	()				(Middle)		
Birthdate:	(Last)			(First)(der: □ Male □ Female		Home Phone:	
Address:				City/State/Zip):		
Subdivision/Ap	partment Name (must be	e filled in):					
Parent/Guardian:			Home Phone:			Cell Phone:	
ocation of Re	sidence (if above address	is not a street address)					
			All				
	You may have ONF a	alternate location	Alternate Bus Service of			tendance area boundar	ries.
Iternate Nam	ie or Day Care Name:	mesi nace location.	Las Gel Vice C		nte Address:	tonaanse area boanaa	
All						7.	
Alternate Phor		Alternate City/State/Zip:					
		Bef	ore School	Transp	ortation		
		Please mark wh			ing BEFORE so		
	Ride Bus from		Ride Bu	Ride Bus from		Y Club (Before/after school childcare for K-5 only.) Checkmark indicates	
	Car Rider/Walker	Home Alterr		nate desire to particin		participate. To enroll, call	
			T		913-3	45-9622 for details.)	
Mon							
Tues							
Wed]			
Thurs							
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			er School 7				
	Please	mark what your c	hild will be do	ing AFT E		call that apply. ore/after school childcar	-0
	C Rid (AV.)		de Bus to Ride Bus		•	l y.) Checkmark indicates	Student is a
	Car Rider/Walker	Home	Alter Loca		desire to p	articipate. To enroll, call	
			ſ		913-3	45-9622 for details.)	1
Mon –							
Tues							
Wed							
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PLC or Early Release							
I/CICa3C							

Bus Transportation changes should be reported to your child's school office to ensure the correct transportation. Contact the transportation department if the office cannot be contacted. at 858-4820 or transportation@platteco.k12.mo.us.



Transportation Office Use Only
Reg. Route: Stop:
Alt. Route: Stop: