

New Bus Rider Information Form

Student Name _____

Parent Name _____

Best Telephone # _____

Residence Street Address

Transportation Needs: (Check all that apply)

AM only _____ PM only _____ Both AM & PM _____

Alternate Address

If student will be picked up or dropped off at an address **other** than the residence street address:

**Note: Students that do not ride the bus for 10 consecutive days will be removed from the bus

Completed forms must be emailed to Christina Sedlmyer at Christina.sedlmyer@ucps.k12.nc.us