

NEW TOWN ELEMENTARY SCHOOL
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/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 roster.

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