

Marvin Ridge High School

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Marvin Ridge High School NEW BUS RIDER INFORMATION FORM

School Year:	Date:	
Grade:	Power School #:	
Student Name:	Telephone Number:	
Parent Name:		
Residence Street Address:		
(NO PO BOX #'S)		
Daily Transportation Needs	S : Both AM Only	PM Only
Please record the address in which to residence street address. Three to fit stop is available. Each school should Address for Morning Stop:	the student will be picked up and dropped ive (3-5) business days are needed for produced review Everyinfo software for transport	d off if different from the cessing unless an existing tation start date.
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For Office Use Only: <u>Each school should review Everyinfo software for transportation start date</u> .		
Entered in PS by:	Date Entered in PS:	
Start Date:	Bus #:	