

Address: _____

(You may only list students that you enrolled for the 2017-2018 School Year.)

STUDENT ID#	GRADE	NAME	RETURNING STUDENT? Y/N

After reviewing the route map and list of stops, which bus do you require? Bus#: _____ Stop#: _____

Emergency Contacts (Please list at least 3)

Name	Relationship	Cell Phone	Email Address

Please initial the following:

- I understand that this is just an application and not a guarantee of placement on a school bus.
- I give permission for Durham Transportation Services to transport my child to and from the above stated bus stop on a daily basis.
- I understand it is my responsibility to be on time to pick up my child at the bus stop. In the event I am not able to pick up my child from the bus stop, I give permission for the above listed individuals to pick up my child.
- I understand that bus transportation is a privilege and can be revoked at any time by the School District.
- I have received a copy of Manara Academy’s Transportation Handbook and have read, understand and agree with the policies and rules stated in the handbook.

Parent Signature: _____ Printed Name: _____ Date: ___/___/___

This form must be hand delivered by a parent, to the 5th/6th Grade building. All other delivery methods will be disqualified.

School Administration Use Only: ___/___/___ __:___