

# OSD TRANSPORTATION REGISTRATION FORM

1025 S. 1<sup>ST</sup> AVE.  
OTHELLO, WA 99344  
(509)488-3741

\_\_\_\_\_NEW \_\_\_\_\_CHANGE

**\*ONE REGISTRATION FORM MUST BE COMPLETED FOR EACH STUDENT**

Today's Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Dad's Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## **BUS STOP REGISTRATION:**

Single **PICK-UP** Location:

\_\_\_\_\_Not Needed \_\_\_\_\_At Home or nearest designated stop \_\_\_\_\_At Daycare or nearest designated stop

**\*\*\*For Daycare complete information below!**

Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Single **DROP-OFF** Location:

\_\_\_\_\_Not Needed \_\_\_\_\_At Home or nearest designated stop \_\_\_\_\_At Daycare or nearest designated stop

**\*\*\*For Daycare complete information below!**

Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

For transportation changes, please allow 48 hours for processing. You will be contacted with stop times.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **For Office Use Only:**

Name of Person Contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Service Start Date: \_\_\_\_\_ Transportation Personnel Initials: \_\_\_\_\_