

Date _____ / _____ / _____ Stop ID _____ Route # _____
 School Name _____
 Student's Name _____ sex (circle one) M F Age _____
 Present Address _____ Grade _____
 City _____ Florida Zip _____
 Home Phone # _____ Emergency Phone # _____
 Name of Parent/Guardian _____
 In Case of Emergency Notify _____
 Home Address _____ Phone # _____
 Business Address _____ Phone # _____

Handwritten signature

**PLEASE COMPLETE REGISTRATION FORM BELOW
RETURN COMPLETED FORM TO BUS OPERATOR
PLEASE PRINT!**

**COMPLETE THE REGISTRATION FORM ON THE REVERSE SIDE OF THIS CARD.
RETURN COMPLETED FORM TO BUS OPERATOR**

GENERAL INFORMATION
 SCHOOL YEAR: _____
 STUDENT ID: _____
 SCHOOL: _____
 STUDENT NAME: _____
 GRADE: _____
A.M. SCHOOL BUS STOP INFORMATION
 STOP NUMBER: _____
 STOP LOCATION: _____
 PICK UP TIME: _____
P.M. SCHOOL BUS STOP INFORMATION
 STOP NUMBER: _____
 STOP LOCATION: _____
 DROP OFF TIME: _____
 ROUTE NUMBER: _____

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
PUPIL TRANSPORTATION DEPARTMENT
TRANSPORTATION REGISTRATION CARD / BUS PASS**

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Handwritten notes:
"Return" (circled)
"Call Home" (circled)
"needed" (circled)