

Transportation Registration Form
Inter-Lakes School District
Grades K-12



Please complete this form and return it to the school by June 1, 2018. **All students must register in order to receive school bus services for the 2018-2019 school year. Failure to submit a transportation form constitutes a "voluntary waiver" of transportation and students will not be assigned a bus.**

Any student registered for a bus who does not ride for 10 consecutive school days (2 weeks) will have their stop removed from the route. If students will not ride a bus for a sports/activity season, please notify the bus company in advance.

If your child(ren) do **NOT** require transportation, please check here:

Parent/Guardian Information:

Parent/Guardian Name:	Home Physical Address:
Town of Residence:	
Telephone:	
Telephone:	
Email:	

Student(s) Information

Student Name:	Grade:
School Attending:	<input type="radio"/> Inter-Lakes Elementary K-6 <input type="radio"/> Inter-Lakes 7-12 <input type="radio"/> Sandwich Central K-6
Please check when student will ride:	Morning: <input type="radio"/> Home: <input type="radio"/> Alternate: <input type="radio"/> If Alternate please fill in information below Afternoon: <input type="radio"/> Home: <input type="radio"/> Alternate: <input type="radio"/> If Alternate please fill in information below
Alternate Address Information:	
Alternate Contact Name:	
Alternate Contact Telephone:	

Student Name:	Grade:
School Attending:	<input type="radio"/> Inter-Lakes Elementary K-6 <input type="radio"/> Inter-Lakes 7-12 <input type="radio"/> Sandwich Central K-6
Please check when student will ride:	Morning: <input type="radio"/> Home: <input type="radio"/> Alternate: <input type="radio"/> If Alternate please fill in information below Afternoon: <input type="radio"/> Home: <input type="radio"/> Alternate: <input type="radio"/> If Alternate please fill in information below
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Student Name:		Grade:	
School Attending:	<input type="radio"/> Inter-Lakes Elementary K-6 <input type="radio"/> Inter-Lakes 7-12 <input type="radio"/> Sandwich Central K-6		
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Alternate Address Information:			
Alternate Contact Name:			
Alternate Contact Telephone:			

Comments/Concerns/Questions:

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Parent/Guardian Signature: _____ **Date:** _____

School Use Only	
Assigned Home Bus Route:	
Alternate Bus Route:	
Notes:	