



School Bus Registration

School Year _____

A.M. Bus # _____ P.M. Bus # _____ @ SMS

Will stay on Bus # _____ @ CGS Will switch to Bus # _____

Parents of those students requiring bus transportation to or from school, need to complete this form and return it to the school office prior to the beginning of the school year. Please contact the Southwestern Illinois Bus Company @ 618-826-2323 to determine which bus(es) your child(ren) will be riding. This form must be filled out in its entirety.

Child #1: _____ Grade: _____

Child #2: _____ Grade: _____

Child #3: _____ Grade: _____

Parent/Guardian: _____

Home Address: _____

Phone #(s): _____

Primary A.M. Bus Stop: _____

Name: _____ Phone: _____

My child will be riding the A.M. bus on: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Primary P.M. Bus Stop: _____

Name: _____ Phone: _____

My child will be riding the P.M. bus on: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

****If a student is going to be dropped off at a different location other than above, a Bus~Pass is required!****

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____