

**SOUTHERN DOOR COUNTY SCHOOLS
NEW STUDENT BUS REGISTRATION**

Student's Name: _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Parent's Name: _____

Address: _____

Phone #: _____

Start date: _____

Office Use Only:

Assigned Bus Driver: _____

**BUS DRIVERS: PLEASE CONTACT NEW STUDENTS WITH
APPROXIMATE PICK UP TIME.**