

BAKER COUNTY DISTRICT SCHOOLS TRANSPORTATION DEPARTMENT

STUDENT INFORMATION SHEET/TRANSPORTATION OFFICE (904)259-2444

BUS DRIVER \_\_\_\_\_ BUS # \_\_\_\_\_ STOP # \_\_\_\_\_

PARENTS – IT IS VERY IMPORTANT THAT THIS SHEET BE FILLED OUT CORRECTLY  
AND RETURNED TO THE DRIVER AS SOON AS POSSIBLE

PLEASE PRINT STUDENT'S NAME AS ENROLLED IN SCHOOL

STUDENT'S LEGAL NAME \_\_\_\_\_

(FIRST)

(MIDDLE)

(LAST)

PREFERRED NAME \_\_\_\_\_

SCHOOL STUDENT ATTENDS \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CIRCLE ONE: MALE FEMALE

PARENT/GUARDIAN NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

911 HOME ADDRESS \_\_\_\_\_

DIRECTIONS TO HOME FROM SCHOOL \_\_\_\_\_

IN CASE OF EMERGENCY LIST CONTACTS AND NUMBERS THAT ARE ON THE FILE  
AT THE SCHOOL

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_