

**CASWELL COUNTY SCHOOLS  
TRANSPORTATION DEPARTMENT  
SCHOOL BUS ASSIGNMENT FORM  
2018-2019 PRE-KINDERGARTEN/KINDERGARTEN REGISTRATION**

SCHOOL NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please complete the following information whether or not your child will ride a bus. We are required to physically locate a child's residence (home) address for verification of attendance eligibility.

Thank you for your cooperation.

CHILD'S NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)  
(LEGAL NAME, NOT NICKNAME)

What grade will student enter in August 2018? PreK \_\_\_\_\_ Kindergarten \_\_\_\_\_

**PHYSICAL ADDRESS, NOT A POST OFFICE BOX, APARTMENT OR LOT NUMBER**

911 ADDRESS \_\_\_\_\_  
HOUSE NUMBER STREET NAME (RD., LN, ST., AVE.)

\_\_\_\_\_  
CITY STATE ZIP CODE

TELEPHONE NUMBER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

WILL STUDENT BE A BUS RIDER OR CAR RIDER? \_\_\_\_\_ BUS \_\_\_\_\_ CAR

IS THERE AN OLDER BROTHER OR SISTER THAT IS ALREADY RIDING A BUS? YES/NO

IF YES, WHAT IS THE BUS NUMBER? \_\_\_\_\_

WILL YOUR CHILD RIDE THE BUS IN: MORNING? \_\_\_\_\_ AFTERNOON? \_\_\_\_\_  
YES/NO YES/NO

IF YOUR CHILD WILL BE BOARDING THE BUS AT A LOCATION OTHER THAN HOME,  
(daycare, babysitters etc.) PLEASE INDICATE THE 911 ADDRESS OF THIS LOCATION BELOW:

911 ADDRESS \_\_\_\_\_  
911 NUMBER STREET NAME (RD., LN, ST., AVE.)

\_\_\_\_\_  
CITY STATE ZIP CODE

PARENT SIGNATURE \_\_\_\_\_