

Gallatin Gateway School District #35

School Bus Registration and Seat Reservation

Date of Beginning Bus Service _____

Student's Name _____ Age _____ Grade _____

Miles you live from Home to School _____ (please be exact)

Student will be riding: Both ways _____ A.M. Only _____ P.M. Only _____

For the welfare of the student, please list any physical or medical problem of which the bus driver should be aware:

Signature of Parent or Guardian: _____

Address: _____ Phone: _____

***NOTE:** This form must be completed and returned to the school office by September 10 after which students will not be permitted to ride the bus until the school office has received this form properly completed. During the year this form must be returned within 15 days of start of service.*