

CPSB Student Transportation  
EMERGENCY INFORMATION

School Year 200\_\_ - 200\_\_

Bus Number \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ M \_\_ F\_\_

Parent/Guardian \_\_\_\_\_

Home/911  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Parent Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

In an emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Bus Stop Location: AM \_\_\_\_\_

PM \_\_\_\_\_

Medical Needs:

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PLEASE RETURN WITHIN 5 SCHOOL DAYS. THANK YOU