

Calcasieu Parish School System Transportation Division Student Roster

Date: _____ Page: _____ of _____



Route Type (Regular Ed., Special Needs, Majority to Minority, School of Choice, Reassignment) ⇄		
Bus Number		Bus Driver's 911 Address
Bus Driver Last Name		City
Bus Driver First Name		Zip Code
Bus Driver Cell Phone		Email Address
Bus Driver Home Telephone		Night Parked 911 Address
Day Parked 911 Address		Emergency Contact Person & Phone #

Name of Schools(s) Served	A	School's Telephone Number(s)	A	In the box below indicate your sign in school ↓
	B		B	
	C		C	

	Last Name	First Name	Middle	Physical 911 address	Home Phone	Gender	School	Date of Birth	Grade	Seat
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