

## **Student Bus Sign-Up/Changes Form**

Student Name:				Grade:	School Year:	
•		• •	• •	•	given to students needing bus nges will start on Mondays.	
Please choose one:		New rider addition Current rider change	e ]	Former rider returning Suspended rider bein		
For current rider changes, specify:		Address change Phone number change		Route change Other:		
When do you need bus service?		AM PM Both	Stu	udent campus: Armour Oak Cherry		
Home address:					ZIP	
Pick up and drop off address (must be the same):						
Contact person at this address:				Phone number:		
Relation: Important information w			ild:			
Emergency contacts:		Re	elationsh	nip to student:		
Name:Home phone number			Cellphone number			
Work phone number						
Name: Home phone number Work phone number			Relationship to student: Cellphone number Which is best to use after 3:30 pm:			
Name: Home phone number Work phone number		Ce	llphone			
Work priorie fluttibel		VVI	11011 13 101	031 to use after 3.50 pm	•	
Parent/Guardian Signature:			Date <sup>.</sup>			

PLEASE NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES TO YOUR STUDENT'S DATA

Armour Campus 6-12 201 E. Armour Blvd, KCMO 64111 Phone: 816-800-8771 Fax: 816-800-8772 Cherry Campus K-5 3421 Cherry, KCMO 64109 Phone: 816-888-7400 Fax: 816-888-7410 Oak Campus K-5 6903 Oak, KCMO 64113 F'hone: 816-361-7735 Fax: 816-361-5788