

2016-2017 SCHOOL YEAR

**SCHOOL BUS APPLICATION & REGISTRATION**

I request the privilege of having my child (one student per application) ride the School Bus and agree to be responsible for his/her behavior. I have read and understand the Bus Safety Rules and have discussed them with my child. I further understand, should my child be suspended from school bus privileges, I am responsible to ensure his/her attendance at school as required by the Compulsory Education Laws of the State of Nevada.

STUDENT NAME: \_\_\_\_\_ M F **CIRCLE ONE**

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PARENT / GUARDIAN NAME: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ DAYTIME TELEPHONE #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CLOSEST CROSS STREETS: \_\_\_\_\_

This application must be completed and returned to the NCS D Transportation Office. Students MUST BE REGISTERED in order to be a school bus rider and be assigned a bus stop. Elementary students must live more than one (1) mile from their zoned school and Middle School and High School students must live more than two (2) miles from their zoned school to be eligible for School Bus Transportation.

**School Transportation, when provided, is limited to "home to school ~ school to home, same bus ~ same stop" (address as listed on school registration).**

NOTES TO SCHOOL / BUS DRIVERS ARE NOT ACCEPTED.

Variance / special circumstance requests must be submitted to the Transportation Office in writing for consideration.

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**\*\*\*\* PLEASE RETURN THIS APPLICATION / REGISTRATION SHEET TO \*\*\*\***

NCS D TRANSPORTATION - 1900 S. Woodchips Rd. - Pahrump, NV 89048

Office: (775) 727-2443 Fax #: (775) 727-2445

**BUSES MAY BE EQUIPPED WITH VIDEO / AUDIO RECORDING DEVICES  
STUDENTS ARE TO FOLLOW THE RULES**

**\*\*\*\*\* TRANSPORTATION OFFICE USE ONLY \*\*\*\*\***

- All info correct  new student  new school  new address  new phone  new bus stop
- Input

ROUTE #: \_\_\_\_\_ BUS STOP: \_\_\_\_\_

AM PICK-UP TIME: \_\_\_\_\_ PM DROP-OFF TIME: \_\_\_\_\_

**ASSIGNMENT NOTIFICATION GIVEN:**

TO: \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_ fax / in person / phone / driver  
(circle)

**GRID** \_\_\_\_\_