

NYE COUNTY SCHOOL DISTRICT - TRANSPORTATION DEPARTMENT

2017-2018 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.

=====

****** 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 _____