



Mapleton Public Schools
Adams County School District No.1

Transportation Department
Mapleton Public Schools
Transportation Preschool Registration Form



The following information must be received prior to establishing transportation services.

TODAY'S DATE: __/__/__ School of Attendance _____

Pre-School: AM ___ PM ___ Full Day _____ Bus Stop _____

Name of Student: _____ Grade: ___ Sex: ___ Date of Birth: __/__/__

Home Address: _____ Phone: _____

City: _____ Zip: _____

Parents/Guardians: _____

Parents/Guardian's Work Phone: _____ Work Phone: _____

Daycare Provider: _____ Phone: _____

Address: _____

EMERGENCY CONTACT (18 years or older):

Name: _____ Phone: _____

CHECK ALL APPLICABLE INFORMATION:

Please List who we can release your child to (Person needs to be 18 years and older):

Special Information For Student:(I.E. language, behavior, etc.):

Additional Information / Recommendations: _____

I have reviewed the bus rules with my student and acknowledge the consequences should my student persist in violating any of the attached rules.

Signature: Parent/Guardian _____