

HAYWOOD COUNTY SCHOOLS

900 East Main Street Brownsville, Tennessee 38012 731-772-9613 office 731-772-3275 fav www.haywoodschools.com

Joey Hassell Superintendent

STUDENT INFORMATION SHEET FOR BUSING

All Information is **REQUIRED** for your student to ride any HCS bus. Please print on this form.

Student's Name:				Adams Danas Disease /	DEOLUBED)
Age:Sex:	Ethnicity:	DOB:		Most Recent Photo (KEQUIKED
Home Address:					
Cell Phone Number:				90	
Work Phone Number:					
School Attending:		Ti and the second			
Grade Level:					
Emergency Contact Name:				**	
Number:					
Emergency Contact Name:					
Number:_					
Special Needs or Medical Co	onditions that the dri				
Alternate Address that the s Contact Name at Alternate of Phone Number of Contact:_ Additional Comments:	drop off:				
Is child allowed to stay by the	hemselves?Yes	.No			
Note to Parent(s) or Guardia turn it into the driver, the so different bus for any reason call, all request MUST be in	chool or Central Office a new form is requir	ce, by 12 noon. If yo red. The school can	u have any address not change the bus	changes or your child ne your child rides based on	eds to ride a
Parent(s) or Guardian(s)	Date		Principa	l or School Official	Date
TO BE COMPLETED BY THE T	RANSPORTATION DI	EPARTMENT:			
Primary BUS Number: Assigned By:			Secondary	BUS Number:	