



مدرسة سمارت فيجن  
**SMART VISION SCHOOL**

This form needs to be completed and returned to the school office with your school registration forms. The bus contractor requires this form to determine bus pick up and drop off sites as well as bus routes.

Family Name:		
Parent/Guardian Name:		
Street Address:		
City, State, Zip:		
Makani No.		
Phone:	(hm)	(wrk) (cel)

File No	Student Name	Year Group	Office Use Only

Child(ren) will ride bus \_\_\_\_\_ two ways \_\_\_\_\_ one way

Special Arrangements:

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_