



To be completed by PACES Administrator

Enrollment Fee Payment (\$35)  Check  Cash  Draft

Date Received by PACES \_\_\_\_\_ Start Date \_\_\_\_\_

# PACES Transportation Enrollment Application

## STUDENT INFORMATION

NAME				
_____	_____	_____	_____	_____
(First)	(Last)	(Age)	(Gender)	Birthday (MM/DD/YYYY)
SCHEDULE	<input type="checkbox"/> Before	<input type="checkbox"/> After	<input type="checkbox"/> Before and After	GRADE K 1 2 3 4 5
				(Circle one)
				Teacher _____

## BROTHERS AND SISTERS USING PACES TRANSPORTATION

First Name	Last Name	Grade	Teacher
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## PARENTS/GUARDIANS

*Call this parent/guardian FIRST*

_____	_____		
(First)	(Last)		
_____	_____		
Relationship to Student	Driver's License Number		
_____	_____		
Street Address	City	State	Zip Code
_____	_____	_____	_____
Email Address			
_____	_____	_____	_____
Work Phone	Cell Phone	Home Phone	

*Call this parent/guardian SECOND*

_____	_____		
(First)	(Last)		
_____	_____		
Relationship to Student	Driver's License Number		
_____	_____		
Street Address	City	State	Zip Code
_____	_____	_____	_____
Email Address			
_____	_____	_____	_____
Work Phone	Cell Phone	Home Phone	

The child may be released to the child's legal guardian(s) or to the following people:

NAME	RELATIONSHIP TO CHILD	PHONE #	OTHER PHONE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____