

**Durham Bus Transportation – Student Information Sheet**

**School-** Joppa High \_\_\_\_\_ Maple Grove \_\_\_\_\_

Student's Name \_\_\_\_\_

Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Driver's Name \_\_\_\_\_

Pick Up/Drop Off Address \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_

Contact Number(s) \_\_\_\_\_

Does your student have any allergies or medical conditions their driver needs to be made aware of: Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list below the approved people that your child may be dropped off in the event of an emergency or if no one is present at drop off:

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_