

WAKULLA COUNTY
BUS REGISTRATION CARD

Student Name _____ **Date** _____

Mailing Address _____ **Zip Code** _____

Resident Address _____ **Zip Code** _____

Siblings living at same address _____

School _____ **Grade** _____ **Date of Birth** _____

Mother's Name _____ **Father's Name** _____

Mother's Work Phone Number _____

Father's Work Phone Number _____

Home Telephone _____ **Cell Phone Number** _____

E-Mail Address _____

Any known allergies/medical condition. NOTE: Providing health related information is voluntary. It is not required.