

**USD #218**  
**IN TOWN BUSING**  
**STUDENT INFO**  
**20 \_\_\_/20 \_\_\_**

Please use one form per student

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

Grade Level: \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

(Required)

Mailing Address: \_\_\_\_\_

(Required)

Route and/or Box

City

\_\_\_\_\_

State

Zip Code

Street Address: \_\_\_\_\_

(Required)