



**EXCELLENCE  
TODAY  
FOR TOMORROW**

*For School Office Use Only*

Grade \_\_\_\_\_

School Assigned \_\_\_\_\_

Home School \_\_\_\_\_

Date of Registration \_\_\_\_\_

Date of Entrance \_\_\_\_\_

RTM Student Identification No. \_\_\_\_\_

Entry Code \_\_\_\_\_

## **Transportation Only Student Information Packet**

**THIS PACKET IS ONLY FOR CHILDREN ATTENDING DCIU PROGRAMS OR PRIVATE SCHOOLS WHO REQUIRE TRANSPORTATION FROM ROSE TREE MEDIA SCHOOL DISTRICT**

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**Student's Legal Name**

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**Name of school student will be transported to**

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**Student's Grade**



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**Private School Bus Rider Information Form**

Student's Legal Name: \_\_\_\_\_  
  First  Middle  Last

Complete Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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**Parent Information**

Guardian 1 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Employer's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell # \_\_\_\_\_

If applicable: Step-parent's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

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Guardian 2 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Employer's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell # \_\_\_\_\_

If applicable: Step-parent's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

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**If the student is living with Guardian(s) other than parent, please fill in this section:**

Guardian(s) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Employer's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Child Living with: Mother Father Both Other  
If Other, Relationship \_\_\_\_\_

Child's Parents: Single Married Separated Divorced Widow/Widower

Primary Physical Custodial Parent/Guardian: \_\_\_\_\_

Special Custodial Court Instructions: Yes No *If Yes, please explain:* \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No. (Day): \_\_\_\_\_

Brothers (living in home)	Date of Birth	Grade/School

Sisters (living in home)	Date of Birth	Grade/School

I DO HEREBY DECLARE THAT I AM A RESIDENT OF THE ROSE TREE MEDIA SCHOOL DISTRICT AND RESIDE AT THE ADDRESS LISTED ON THIS FORM. I understand that the district has the right to investigate the validity of this statement including using videotape surveillance.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE