

Willis ISD Transportation Department
Bus Registration Information

Phone (936) 856-1220 Fax (936) 856-1307

This signed form, with any corrections noted, will serve as your child's request for bus transportation for the _____ school year.

Check/Circle the appropriate bus option below.
Sign, date, and turn this form in with your child's campus registrar packet.

Student Name: _____ Campus: _____

Grade: If Pre-K: AM PM
Note: AM is to school only Trans
PM is to school only Trans

Parent/Guardian's Name: _____

Physical Address: _____

City, State, Zip: _____

Primary Phone: _____

Mom's Cell: _____

Dad's Cell: _____

If your address and/or contact information changes at any time, please complete a new Bus Registration Form. Forms may be obtained from the Registrar at your child's campus.

Please review the following bus options and complete the options as needed.

My child WILL ride the bus in the _____ school year. (Select one) To School From School Both

PRE-K AND KINDERGARTEN ONLY: Your child will not be transported until this form and the section below is completed and provided to the Transportation Department.

If your child is a Pre-K or Kindergarten student, a hand off is required at the bus stop in the afternoon to ensure the student's safety after offloading. The parent/guardian or designee **must be at the bus stop**. The parent/guardian must select from the options below on who is authorized to receive the student at the bus stop in the afternoon. **If your Pre-K or Kindergarten student has a 1st grade or above sibling on the same bus who lives in the same house as your Pre-K or Kindergarten student, you may allow the child to exit the bus with the sibling without an adult having to be at the bus stop (see section 2a).**

***Check beside either selection 1 OR selection 2. Not both. If selection 2, 2a and/or 2b must be selected and information filled in.

- 1. Parent/Guardian only (no other persons are allowed to receive the student)
- 2. Parent/Guardian and designee below may receive or escort student in the afternoon:
 - 2a. Sibling, 1st grade or above may receive or escort student in the afternoon:
 - 2b. Other designees

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

I understand that my child will be picked-up and/or dropped off by the school bus at the closest designated bus stop to the student's home address listed above unless an alternate pick up/drop off address has been approved by the Transportation Department. For information on bus routes and stops or to request an alternate pickup or drop-off location you may contact the Transportation center, (936) 856-1220.

Signature: _____ Date: _____

OFFICE USE ONLY:
Bus #: _____
Router: _____