

# East Lyme Public Schools

## Magnet School Shuttle Registration 2020/2021 School Year

**Magnet School Attending** \_\_\_\_\_

**Student Information**

Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Parent Information**

Parent First Name \_\_\_\_\_ Parent Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child and I have received a copy and reviewed the Transportation Safety Rules.

We agree to adhere to the Transportation Safety Rules as stated.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_