

# East Lyme Public Schools

## Tech/Vo-Ag School Shuttle Registration 2020/2021 School Year

### Tech/Vo-Ag 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 \_\_\_\_\_