

**Manchester Community Schools  
New Student Transportation Information**

Power School # \_\_\_\_\_  
(office Use)

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_  
(Last name, First Name)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
(Street) (City, Zip)

Mother's Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
(Last name, First name)

Father's Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
(Last name, First name)

Child lives with: Both Mom Dad

If applicable:

Address of parent not living with child \_\_\_\_\_  
(Street)  
\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_  
(City, Zip) (Home telephone number)

If applicable:

Step-parent's Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_

(In addition to parent(s))

My child will require bus service? Yes No

Please note that an adult must meet kindergarten students at the bus stop.

Do you have other Manchester School District children? Yes No

Student's Name (last, first)	School/Grade	Do they ride the Bus?

If applicable:

Day Care Provider \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Last name, first name)

Address \_\_\_\_\_  
(Street) (City)

Days at Day Care: M T W Th F

**List Any Student Disability, and/or Special Problems you would like the Transportation Department to know about (include medications) :**

\_\_\_\_\_  
\_\_\_\_\_

Office use:

School \_\_\_\_\_ Starting Date: \_\_\_\_\_ Bus # \_\_\_\_\_