

Petermann Bus Registration Form	
Student Name:	
I.D. #	
School:	
Address:	
Phone # (home)	
Parent Name:	Cell #
Parent Name:	Cell #
Emergency Contact: (Name)	Phone #
Neighbor's Name: (Alternate drop off if parent not home)	
Neighbor's Address:	Phone #
Student Name: (second child)	
I.D. #	
School:	
Student Name: (third child)	
I.D. #	
School:	
Student Name: (fourth child)	
I.D. #	
School:	
**PLEASE REMEMBER THAT TRANSPORTATION IS PROVIDED FOR HOME TO SCHOOL OR LICENSED DAY CARE FACILITIES ONLY (PROOF OF LICENSE WILL BE REQUIRED).	
Registration Forms can be returned at any of the following locations:	
1. E-mail the form to nvargas@petermannbus.com	
2. Fax to Nomie Vargas at 817-439-8787	
3. Return form to your home campus	
** Students are required to be picked up and dropped off at assigned bus stop **	