

TRANSPORTATION REGISTRATION FORM

My student(s) will be using the following form of transportation:
(Check all that apply)

- _____ After-School Care (Additional registration is needed)
- _____ Rapides Parish Bus System
- _____ Parent Pick-Up (Fill out the information below)
- _____ Student Driver (Fill out the information on the back)
- _____ Need bus transportation but have not made arrangements

Parent Name: _____ Driver's License #: _____
Cell Phone: _____ Home Phone: _____

Name of students to be picked up:

- 1.
- 2.
- 3.

Persons Allowed to Pick up student(s):

1. _____
Name Relationship Phone Number
2. _____
Name Relationship Phone Number
3. _____
Name Relationship Phone Number

I understand that my student(s) will only be released to the adults listed above. In case of an emergency, I will contact the CCA office to make other arrangements for my student(s).

Parent Signature

Date

For office use only: Parent Pick Up Number _____

STUDENT DRIVER

Name: _____ Date: _____

Address: _____
City State Zip

Cell Phone Number: _____

Vehicle Information: _____
Model Make Year

License Plate Number: _____

Students allowed to ride with Student Driver:

1. _____
Name Relationship Phone Number
2. _____
Name Relationship Phone Number
3. _____
Name Relationship Phone Number
4. _____
Name Relationship Phone Number

I understand that the only students listed on this form are allowed to ride in my vehicle. If I allow students other than those listed, I will be subject to disciplinary action, which may result in the loss of driving privileges. I understand that I must adhere to all CCA policies regarding student drivers.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



For Office Use Only:

Parking Permit Number: _____

