

**Dawson County Schools Transportation Department**

**Student Information**

**Middle/Jr High/High School**

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Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Transportation Needed: AM only \_\_\_\_\_ PM only \_\_\_\_\_ AM & PM \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Medical: Please list any allergies or medical conditions

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

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Bus #: \_\_\_\_\_

Bus Driver: \_\_\_\_\_