

CALDWELL TRANSPORTATION
 1050 Sunset Strip, Mountain Home, ID 83647
 (208)587-8045
 Mountain Home School District 193

DATE: _____

Student Name _____	D.O.B. _____	School Attending _____	Grade _____	Rte	
<i>Nombre del Estudiante</i>	<i>Fecha Nacimiento</i>	<i>Escuela</i>	<i>Grado</i>	Time	
Student Name _____	D.O.B. _____	School Attending _____	Grade _____	Rte	
Student Name _____	D.O.B. _____	School Attending _____	Grade _____	Time	
Student Name _____	D.O.B. _____	School Attending _____	Grade _____	Rte	
Student Name _____	D.O.B. _____	School Attending _____	Grade _____	Time	
Student Name _____	D.O.B. _____	School Attending _____	Grade _____	Rte	
Student Name _____	D.O.B. _____	School Attending _____	Grade _____	Time	

Parents/Guardian Name _____ Home Phone _____ Work Phone _____
Nombre Padres/Guardianes *Telefona Casa* *Telefono Trabajo*

*Address _____
 *City & Zip Code _____
 Closest Cross Street _____ Email: _____

Emergency Contact _____ Emergency Phone # _____
Contacto de Emergencia *Telefono de Emergencia*

Comments/Concerns – Medical or Otherwise _____
 Comentarios/Preocupaciones – Medico U Otros _____

Note: All ROUTES and TIMES are subject to change the entire school year.

Submission of this form is considered signed

Signature Verifies Receipt of Rules
Firma Verifica Recibo De Reglas

 PARENT SIGNATURE
 FIRMA DE LOS PADRES

(HS students may sign for themselves) *(Estudiantes de HS pueden firmar por si mismos)*

Once completed please email to dispatch@ctcbus.com