

**Ashe County Schools
Bus Rider Information
2016/2017 School Year**

Please Print

Student's Name <small>(Please use full name)</small>	Bus Number (last school year 2015/2016)
Student's Date of Birth	Student's Grade and School (2016/2017)

Name of Parent/Guardian	Home Phone	Cell Phone
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Regular Daily Route
Morning Pick up Physical Address
Street Name
City

Regular Daily Route
Afternoon Drop Off Physical Address <i>Same as Morning</i>
<i>If physical address is different please complete below</i>
Street Name
City

Alternate Daily Route
Please Explain <i>Not Applicable</i>
Morning Pick up Physical Address
Street Name
City

Alternate Daily Route
Please Explain <i>Not Applicable</i>
Afternoon Drop Off Physical Address <i>Same as Morning</i>
Street Name
City

