



DoDDS-E Transportation Division Registration Form

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301

PRINCIPLE USE(S): Used by the DoDDS-E Transportation Division to establish routes as required.

ROUTINE USE(S): Used by Community Commander to establish bus roster and bus passes as required.

DISCLOSURE Voluntary. Disclosure of the Social Security Number will expedite the registration process.

SECTION I - STUDENT INFORMATION

Student Name (Last, First, Middle)	Date of Birth	Student SSN:	Grade:
1.			
2.			
3.			
4.			

SECTION II - SPONSOR /EMERGENCY CONTACT INFORMATION

Sponsor's Name (Last, First, Middle Initial)	Sponsor SSN	Pay/Civ Grade	Title/Rank
Organization	Location of Unit	Duty Phone	Rotation/ETS date
Spouse's Name (Last, First, Middle Initial)	Spouse's Employer		Spouse's Duty Ph.
Mailing Address (APO)	Local Address		
Cell Phone/Home Phone #	E-mail address		
Emergency Contact Name (Not Sponsor or Spouse)	Contact Duty Phone	Contact Home Phone	

SECTION III - CONSENT

STATEMENT OF ACKNOWLEDGEMENT:

I have read and understand the school bus standards of behavior (back of form) and also understand this action constitutes as my initial warning. I will discuss these with my child(ren). Furthermore, I understand that any misconduct on the school bus could result in the suspension of riding privileges.

Signature of Parent/Guardian

Date

SECTION IV - SBO USE ONLY

BUS ROUTE # _____

BUS PASS ISSUED: _____