

**TRINITY  
AFTERSCHOOL  
WEDNESDAY  
ONLY**

Gold Star Transportation  
2017-2018 School Year

For office us only  Bus #: _____
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Daycare & After School Bus rider Registration Form

Please Print

Students Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Home # : \_\_\_\_\_ Work : \_\_\_\_\_ Cell# : \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work# \_\_\_\_\_ Cell: \_\_\_\_\_

Medical Conditions/ Allergies: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact & Number: \_\_\_\_\_

Physical Address ( Street Name, county road, etc. Draw map if necessary)

119 Miller St.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_