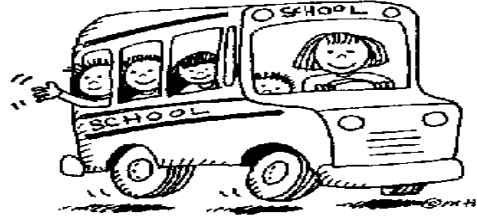


MSAD 75 Transportation Department Student Safety  
Information Form  
Please Print



Student 1:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please be advised that my child will have an individual healthcare (i.e. Allergy Action Plan or Asthma plan) plan with the school nurse.

Student 2:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please be advised that my child will have an individual healthcare (i.e. Allergy Action Plan or Asthma plan) plan with the school nurse.

Home Address: House No. \_\_\_\_\_ Street Name \_\_\_\_\_

Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Pickup Address: (if different from home address) M T W TH F

House No. \_\_\_\_\_ Street Name \_\_\_\_\_ Apt. # \_\_\_\_\_

Drop-off Address: (if different from home address) M T W TH F

House No. \_\_\_\_\_ Street Name \_\_\_\_\_ Apt. # \_\_\_\_\_

Mailing Address: (if different from home address)

\_\_\_\_\_

Home phone # \_\_\_\_\_

Emergency Contacts: (in the event parent cannot be reached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parent/Guardian (please print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_