

**MCINTOSH COUNTY PUBLIC SCHOOL SYSTEM**  
**Transportation Department**  
**Student Information Sheet**



STUDENT NAME:		BUS NUMBER:			
SCHOOL:		GRADE:	AGE:	TEACHER:	
PARENT/GUARDIAN NAMES					
PARENT TELEPHONE NUMBERS: MOTHER	HOME:		CELL:		WORK:
PARENT TELEPHONE NUMBERS: FATHER	HOME:		CELL:		WORK:
PHYSICAL ADDRESS:					
CITY:		STATE:		ZIP CODE:	
DIRECTIONS TO YOUR HOME FROM SCHOOL:					
LIST ANY SPECIAL MEDICAL PROBLEMS, BEHAVIORAL PROBLEMS, AND/OR ADDITIONAL COMMENTS:					

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NUMBER OF BUS CONDUCT REPORTS	1 <sup>ST</sup> OFFENSE	2 <sup>ND</sup> OFFENSE	3 <sup>RD</sup> OFFENSE	4 <sup>TH</sup> OFFENSE	5 <sup>TH</sup> OFFENSE
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ADDITIONAL CONDUCT REPORTS: