

**Dousman Transport Co. - Transportation Registration Form
2019-2020 School Year**

Parent or Guardian Information

Are you new to the Jefferson School District? Yes [] No []

Parent/Guardian: _____
(First Name/Last Name)

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

E-Mail Address: _____

Secondary Contact Person: _____

Phone #: _____

Baby Sitter / Day Care Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Please indicate the days of the week your student will be in day care and if we are to pick them up at day care and/or drop them off at day care. For days not marked we will assume the home address.	Monday	AM [<input type="checkbox"/>]	PM [<input type="checkbox"/>]
	Tuesday	AM [<input type="checkbox"/>]	PM [<input type="checkbox"/>]
	Wednesday	AM [<input type="checkbox"/>]	PM [<input type="checkbox"/>]
	Thursday	AM [<input type="checkbox"/>]	PM [<input type="checkbox"/>]
	Friday	AM [<input type="checkbox"/>]	PM [<input type="checkbox"/>]

Student Information

First Name	Last Name	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DTC will treat all of the above information as Personal and Confidential and will use it only to help us schedule transportation or in the event of an emergency.

DTC may also use audio/video recording equipment on any or all of our vehicles in order to monitor and maintain discipline of both passengers and drivers.