



Bus Transportation Registration 2024-2025

Please complete this form with as much detail and accuracy as possible, routing information is pulled directly from this form. Complete this form for every school age student in your home.

Student Name _____

Home Address _____

Parent(s) Name _____

Parent(s) Number _____ Work Number _____

Day Care Provider Name _____ Number _____

Day Care Provider Address (IF applicable) _____

Indicate Student's Grade: PK K 1 2 3 4 5 6 7 8 9 10 11 12 Open Enrolled

My student will ride the shuttle bus to/from Collins Elementary School:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

My student will ride the shuttle bus to/from Maxwell middle & high school:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

My student will ride the bus to school from our home address on the following days:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

My student will ride the bus home from school on the following days:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

My student will ride the bus to and from Day Care on the following days:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

For your student's safety please keep changes and guest riding to a minimum. Changes are confusing to students, teachers and bus drivers. Any changes to your students' riding schedule need to be made the day prior of the change. For safety reasons NO changes will be made the day of. ALL changes must go through the school office NOT your school bus driver.

Ken Leighty, Transportation Director, Collins-Maxwell CSD, kleighty@collins-maxwell.k12.ia.us