

FLEMINGTON-RARITAN REGIONAL BOARD OF EDUCATION
STUDENT TRANSPORTATION DATA SHEET

Project or Development _____

School Use: SID # _____ Grade Level _____ Today's Date _____ School Year _____

Please check as applicable:

- () Barley Sheaf () Copper Hill () Francis A. Desmares () Reading-Fleming () J.P. Case
 () New Student () Re-entry Start Date: _____
 () Transfer Out Date of Transfer: _____
 () Change of Information: Please use check boxes provided below to indicate updates to student information.
 () Flemington Borough () Raritan Township () Walker () Bus

PLEASE PRINT ALL INFORMATION CLEARLY

Student Name: _____

() Male () Female Date of Birth: _____ Home Language: _____

Home phone: _____ Parent/Guardian Daytime phone _____

Student Residence: (Do not enter an RD or PO Box)

 Number and Street City State Zip

Nearest Cross Road/Street: _____

Mailing address if different from above:

Number and Street RD # or PO Box # City State Zip

Special Instructions: _____

Emergency Contact: _____

Name Relationship Daytime Phone

List name of siblings living in this home and attending other schools in this district:

Last Name	First Name	Birth Date	Grade	School

For Transportation Office Use:

For School Use:

Start Date: _____
 Bus Route: _____ Bus Number _____
 Pick up time: _____ Drop off time _____
 Bus Stop Location: _____

_____ Proof of district domicile provided to school
 Form to Transportation: _____ fax _____ mail
 Notification to: _____ Parent _____ Teacher
 _____ PowerSchool Updated Date _____
 Secretary Name: _____