

Muhlenberg School District Transportation Office

- Elementary Center
- Cole/Intermediate School
- Middle School
- High School

Student ID Number: _____ (Completed by Office)

Student Name: _____
Last First

- Male
 - Female
- Grade: _____

Home Phone Number: _____

Home Address: _____
House # Street

City State Zip

*Please complete **IF** you would like your child picked up/dropped off at a sitter and **NOT** the home address:*

Name of Sitter

House # Street

City State Zip Phone Number: _____

Parent/Guardian Name: _____ Relationship to student: _____

Work Number: _____ Cell: _____

Parent/Guardian Name: _____ Relationship to student: _____

Work Number: _____ Cell: _____