

DoDEA Europe Kaiserslautern Military Community School Bus Registration Form

Re-Registration/Updates

New to Europe

Transfer within Europe

Change of Address

SPONSOR INFORMATION

Full Name: _____
First Middle Initial Last

DEROS/PCS Date: _____
(MM/DD/YYYY)

Branch: _____ Title or Rank: _____
(Air Force/Army/Marines/Navy/Civilian/NATO) (e.g., A1C / 1LT / SFC / Mr / Mrs. / GS-1 / NAF-1 / SES-1/)

Unit Name: _____ Duty Phone: _____

Home Phone: _____

Personal Mobile: _____

Work Mobile (If applicable): _____

Official Email: _____
(Required)

Personal Email: _____

Home Address: _____
House # Street Name

Town/Village

Mailing Address: _____ APO AE _____
PSC / CMR / UNIT BOX (ZIP CODE)

Spouse INFO

Spouse Name: _____

Personal Email: _____

Official Email: _____

Personal Mobile: _____

Work Phone (if applicable): _____

(One Student per Line; Up to Four Students per Sheet) Schools: **Virtual School (VES, SES, KES, KMS or KHS)**

| | | | | | | Y | N |
|-------|----|------|------------------------------------|-------|--------|-----------------------|-----------------------|
| First | MI | Last | D.O.B <small>(MM/DD/YY)</small> | Grade | School | <input type="radio"/> | <input type="radio"/> |
| First | MI | Last | D.O.B <small>(MM/DD/YY)</small> | Grade | School | <input type="radio"/> | <input type="radio"/> |
| First | MI | Last | D.O.B <small>(MM/DD/YY)</small> | Grade | School | <input type="radio"/> | <input type="radio"/> |
| First | MI | Last | D.O.B <small>(MM/DD/YY)</small> | Grade | School | <input type="radio"/> | <input type="radio"/> |

Alternate Care Provider (CDC, Babysitter, German Facility):
 Name _____ Town: _____
 Street: _____ House #: _____ Telephone: _____

Emergency Contact INFO Other than SPONSOR

Emergency Contact Name: _____
 Emergency Contact Home Phone: _____
 Emergency Contact Mobile Phone: _____

Data Herein Subject to Privacy Act of 1974

Disclosure of personal information as requested on this School Bus Registration Form is NOT mandatory. However, failure to submit this information may preclude the extension of school bus services to your child. All information gathered on this registration form is considered confidential - For Official Use Only - and will not be shared with any other agency, group or individual.

I acknowledge that I am responsible for my family member's conduct while they are using government furnished student transportation. I understand that their misbehavior may result in disciplinary action that can result in the suspension or revocation of transportation privileges. This responsibility extends to financial liability for any damage caused by your child.

I understand that possession of a bus pass is mandatory.

Requested Start date

****SIGNATURE OF SPONSOR OR SPOUSE ****

DATE SIGNED

For Official Use Only
