

**Central Linn School District**  
**Transportation Department**  
32433 Hwy 228 Halsey, Oregon  
Phone: 541-369-2813 extension: 3252  
**Transportation Registration Form**

Students Name	Special Conditions	Grade
_____	_____	_____
<b>Last</b> <b>First</b>		
_____	_____	_____
<b>Last</b> <b>First</b>		
_____	_____	_____
<b>Last</b> <b>First</b>		
_____	_____	_____
<b>Last</b> <b>First</b>		
_____	_____	_____
<b>Last</b> <b>First</b>		



**If you need to change transportation for your child for one day, contact the school office before 2:30pm**

\_\_\_\_\_  
**Parents/Guardians Name**

\_\_\_\_\_  
**Home Address and City**

\_\_\_\_\_  
**(1<sup>st</sup> person) Parent/Guardians contact phone number and name**

\_\_\_\_\_  
**2<sup>nd</sup> Person contact phone number and name**

\_\_\_\_\_  
**3<sup>rd</sup> Person contact phone number and name**

\_\_\_\_\_  
**Be Picked Up At a Different Address Other Than Residence (A.M. Route)**

\_\_\_\_\_  
**Be Dropped Off At a Different Address Other Than Residence (P.M. Route)**

<b><u>Kindergarten Only</u></b>	
I give permission for my Kindergartener to walk home alone.	
_____	_____
Parent's/Guardian's Signature	Date