

Fuquay-Varina Transportation
NEW STUDENT/NEW STOP/ADDRESS CHANGE

(Please print or type)

School: _____

First Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

Parent/Guardian: _____

Mailing Address: _____
(if different from above)

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Previous Address: _____

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For School use only

New Student: _____ *Existing Student:* _____ *Transfer (Non-Base):* _____

NC Wise #: _____ *Track:* _____ *Grade:* _____

Date Transportation is to begin: _____

Run Number: _____ *Stop Location:* _____

Please List Any Special Transportation Needs: _____