

SUPERIOR TRANSPORTATION SERVICES
21 N CASS AVE
SPRINGFIELD, MN 56087

2015-2016 REGISTRATION FORM

FAMILY NAME: _____

HOME ADDRESS: _____

STUDENT NAME: _____ GRADE: _____ GENDER: _____

STUDENT NAME: _____ GRADE: _____ GENDER: _____

STUDENT NAME: _____ GRADE: _____ GENDER: _____

STUDENT NAME: _____ GRADE: _____ GENDER: _____

PICK UP ADDRESS: _____

DROP OFF ADDRESS: _____

CONTACT INFORMATION

Please provide telephone numbers where you can be reached during school hours.

FATHER: _____

PH. # _____ CELL: _____

MOTHER: _____

PH. # _____ CELL: _____

EMAIL: _____

OTHER CONTACT

NAME: _____ RELATIONSHIP: _____

PH. # _____

WHO SHOULD THE FIRST CONTACT BE MADE TO? _____

SIGNATURE: _____

CIRCLE DESIRED RATE:

1 STUDENT \$53 MONTHLY OR \$424 A YEAR

2 STUDENTS \$80 MONTHLY OR \$640 A YEAR

3 OR MORE STUDENTS \$107 MONTHLY OR \$856 A YEAR