

Student Data Sheet School Bus Transportation Re-registration for

“Existing Returning Customers” only

School Year 2011-2012

STUDENT NAME: _____

STUDENT ESID: _____

SCHOOL: _____

GRADE: _____

SPONSOR NAME: _____

RANK/TITLE: _____

DUTY LOCATION: _____

DUTY PHONE: _____

HOME PHONE: _____

SPOUSE NAME: _____

SPOUSE WORK: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT HOME PHONE: _____

EMERGENCY CONTACT WORK PHONE: _____

NOTES: Current school year book photographs if available shall be used for making the next school year bus passes which will be mailed to the above address during August 2011 before school resumes.

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY TRANSPORTATION INFORMATION SHEET

By:

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301, 10 USC 133, 20 USC 921, EO 9397, November 1943 (SSN)

PRINCIPAL PURPOSES(S): Required for enrollment into the DoDEA School Bus Transportation System. Provides records of student and demographic data used in the administration of school bus transportation services.

ROUTES USE(S): Data is collected and entered into the automated BusTrack Information Management System for use by DoDEA personnel in providing transportation services. Release of student information to non-DoDEA personnel is restricted to US Government personnel and other authorized individuals as approved by DoDEA. Sponsor information may be released to other Government agencies interfacing with DoDEA and schools as part of the individual student transportation record.

DISCLOSURE: Voluntary. Disclosure of Social Security Number is not required, but it expidites the school bus registration process. However, dependents may be denied DoDEA Transportation services if other requested information is not provided.

- I have been apprised of the school commuting area and understand that if I choose to live outside the commuting area then I am responsible for transportation to the nearest DoDEA school bus stop.
- I understand that all riders of DoDEA school buses are subject to audio and video surveillance by authorized personnel to ensure the health, safety, and security of riders.
- I understand that I must de-register and return bus passes when transportation services are no longer needed.
- I acknowledge receipt of the DoDEA School Bus Safety/ Behavior Standard. I understand that the consequences for misbehavior may include reimbursement for damages, suspension or revocation of bus privileges and that I will explain the rules to my child(ren).
- I understand that a second adult may or may not be assigned to ride on the school bus.

SIGNATURE _____

DATE _____

I acknowledge that I have read and understand the above statements.

SPONSOR NAME: _____

HOME PHONE: _____

DUTY PHONE: _____

SPONSOR CELL#: _____

SPONSOR EMAIL: _____

SPONSOR ADDRESS: _____

COMMENTS

Bus Pass Issued