



# Monticello Montessori Public Charter School

4707 S Sweetwater Way  
Ammon, Idaho 83406

Phone (208) 419-0742 Fax: (208) 419-0765

## Bus Stop Student Registration Form

Child's Name(s): \_\_\_\_\_

Bus Route#: 1, or 2 (circle your choice) Bus Stop Name & #: \_\_\_\_\_

I, the undersigned parent(s), agree that my child attends Monticello Montessori Charter School and has enrolled in school bus transportation services for the school year.

I recognize that the school district's responsibility begins when the student boards the school bus for transportation to school and ends when s/he disembarks the bus at the designated home stop.

I further recognize that parents are responsible for the safety of their students as they walk to and from the bus stop and while they wait for the bus at the bus stop. **I agree to hold the district and its assigns harmless once she/he disembarks the bus.**

\_\_\_\_\_  
Parent or Guardian Signature (Bus Registration)

\_\_\_\_\_  
Date

Home Address \_\_\_\_\_

Phone number \_\_\_\_\_

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