

For Official Use Only

**DoDEA Europe Ramstein/Landstuhl Complex School Bus Registration Form School Year 2020/2021**

Re-Registration/Updates     New to Europe     Transfer within Europe     Change of Address

**SPONSOR INFORMATION**

Full Name: \_\_\_\_\_  
First Middle Initial Last

DEROS/PCS Date: \_\_\_\_\_  
(MM/DD/YYYY)

Branch: \_\_\_\_\_ Title or Rank: \_\_\_\_\_  
(Air Force/Army/Marines/Navy/Civilian/NATO) (e.g., A1C / 1LT / SFC / Mr / Mrs. / GS-1 / NAF-1 / SES-1/)

Unit Name: \_\_\_\_\_ Duty Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Personal Mobile: \_\_\_\_\_

Work Mobile (If applicable): \_\_\_\_\_

Official Email: \_\_\_\_\_  
(Required)

Personal Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House # Street Name  
 \_\_\_\_\_  
Town/Village

Mailing Address: \_\_\_\_\_ APO AE \_\_\_\_\_  
PSC / CMR / UNIT BOX (ZIP CODE)

**Spouse INFO**

Spouse Name: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Official Email: \_\_\_\_\_

Personal Mobile: \_\_\_\_\_

Work Phone (if applicable): \_\_\_\_\_

**(One Student per Line; Up to Four Students per Sheet)**

Schools: SES, BMHS

\_\_\_\_\_ ○ ○  
 First MI Last D.O.B Grade School M F  
(MM/DD/YY)

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 First MI Last D.O.B Grade School M F  
(MM/DD/YY)

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 First MI Last D.O.B Grade School M F  
(MM/DD/YY)

\_\_\_\_\_ ○ ○  
 First MI Last D.O.B Grade School M F  
(MM/DD/YY)

**Alternate Care Provider (CDC, Babysitter, German Facility):**

Name \_\_\_\_\_ Town: \_\_\_\_\_

Street: \_\_\_\_\_ House #: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Emergency Contact INFO Other than SPONSOR**

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_

Emergency Contact Mobile Phone: \_\_\_\_\_

**Data Herein Subject to Privacy Act of 1974**

**Disclosure of personal information as requested on this School Bus Registration Form is NOT mandatory. However, failure to submit this information may preclude the extension of school bus services to your child. All information gathered on this registration form is considered confidential - For Official Use Only - and will not be shared with any other agency, group or individual.**

**I acknowledge that I am responsible for my family member's conduct while they are using government furnished student transportation. I understand that their misbehavior may result in disciplinary action that can result in the suspension or revocation of transportation privileges. This responsibility extends to financial liability for any damage caused by your child.**

**I understand that possession of a bus pass is mandatory.**

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AM Bus # \_\_\_\_\_ AM Stop: \_\_\_\_\_

PM Bus # \_\_\_\_\_ PM Stop: \_\_\_\_\_

\*\*SIGNATURE OF SPONSOR OR SPOUSE \*\*

DATE SIGNED

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