St. Thomas High School Bus Transportation Information Sheet

*Please print legibly*

Student Name: ___________________________________________ Grade: ______

Route Requested (circle one):  Kingwood  Spring  Cypress  Pearland

Mother’s Name: ___________________________ Cell Phone: ________________

Mother’s Email: ___________________________ Home Phone: ________________

Mother prefers to be contacted via (circle one):  Cell Phone -- Text -- Email

Father’s Name: ___________________________ Cell Phone: ________________

Father’s Email: ___________________________ Home Phone: ________________

Father prefers to be contacted via (circle one):  Cell Phone -- Text -- Email

Emergency Contact (not a parent):

Name: ___________________________ Cell Phone: ________________