GATES COUNTY SCHOOL BUS GARAGE POST OFFICE BOX 125 112 SCHOOL MAINTENANCE RD. GATESVILLE, NC 27938 PHONE: (252) 357-0606 FAX: (252) 357-2683 Janet L. Mizelle, CPTS Director

> Andrea H. Roach Secretary

New Enrollment/Change of Residence Address

| Student's Name: | | | |
|---------------------|-----------------|-------------------------------------|--|
| School# | Grade | Pupil ID# (NCWISE) | |
| Mailing Address | | | |
| | s (Physical Ad | ddress) | |
| Will student ride a | a bus in the M | Iorning? Afternoon? | |
| Will student ride l | bus to/from lo | ocation other than home? | |
| If yes, please give | the physical a | address for that location: | |
| Does student have | brothers or si | sisters riding a bus? | |
| If yes, list names | | | |
| | ections from y | your home to school | |
| | | | |
| , | This section to | to be used by School Transportation | |
| | Bu | ıs # | |

Bus Stop # _____

Bus Run # _____