



**GATES COUNTY SCHOOLS BUS GARAGE**  
**POST OFFICE BOX 125**  
**GATESVILLE, NC 2798**  
**PHONE: (252) 357-0606**  
**FAX: (252) 357-2683**

Ronald Ward  
 Supervisor  
  
 Lynne Rountree  
 Assistant

**New Enrollment Transportation Information Form**

**Student's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Will student ride a bus in the morning?** \_\_\_\_\_ **Afternoon?** \_\_\_\_\_

**Will student ride bus to/from location other than home?** \_\_\_\_\_

**If yes, please give the physical address for that location:**  
 \_\_\_\_\_

**Does student have siblings riding a bus?** \_\_\_\_\_

**If yes, please list names:** \_\_\_\_\_

**Please provide directions from your home to school:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**This Section to be used by School Transportation**

**Bus #** \_\_\_\_\_

**Bus Stop #** \_\_\_\_\_

**Bus Run #** \_\_\_\_\_