



BUSSING APPLICATION

DATE OF APPLICATION _____

STUDENT INFORMATION

Name		Gender		Grade	
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PARENT TO CONTACT IN THE EVENT OF AN EMERGENCY

Father or mother

Name		Passport Country /language	
Employer		Work phone #	
Home Phone #		Cell phone #	

NON-PARENT EMERGENCY CONTACT

Name		Cell phone #	
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Detailed pick up address including building number and gate number if applicable. Print in Chinese if possible.

Waiver and release: Shenyang International School and its employees are hereby released and forever discharged and held harmless from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the participation by the above-named student in the SYIS bussing program.

Name of Parent/Guardian _____

Signature _____ Date _____

OFFICE USE ONLY

Application Date _____ Bus Route _____ Finance _____