

**RETURN TO BUS DRIVER**  
**Academic Village - Middle School**

**Transportation Enrollment Form – One per student**

**Route:** \_\_\_\_\_ **Stop#** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
**Last** **First**

**Address:** \_\_\_\_\_  
**Street**

\_\_\_\_\_  
**City** **Zip**

\_\_\_\_\_  
**Parent Name** **Phone Number**

\_\_\_\_\_  
**Parent Signature**

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For questions please contact Transportation at 954-364-4790  
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