

**DUNELLEN BUS REGISTRATION**  
**SENIOR CITIZEN/DISABLED**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Age

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Phone Number

Please indicate if you have an illness/disability: \_\_\_\_\_  
\_\_\_\_\_

Please indicate if you have have limitations or special needs: \_\_\_\_\_  
\_\_\_\_\_

**Do you speak English:**  Yes  No

If not, what language is spoken:  Spanish  Polish  German  French

Italian  Russian  Other - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Marital Status:**

Married  Separated  Never Married  Widowed

Divorced  Other - \_\_\_\_\_

**Household Compensation:**

Live Alone  With Relative  With Spouse  With Children

With Non-Relative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date