

**\*\*\*Please return completed form to your Bus Driver by \_\_\_\_\_\*\*\***

School Year:

2022-2023

*(List all bus riders in your household)*

Bus #:

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*Gender School Grade Birthday*

Student's Name:



Age: \_\_\_\_\_

Student's Name:

Age: \_\_\_\_\_

Student's Name:

Age: \_\_\_\_\_

Student's Name:

Age: \_\_\_\_\_

Student's Name:

Age: \_\_\_\_\_

Bus #: \_\_\_\_\_

Bus Driver's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**HOME TO SCHOOL TRANSPORTATION**

Will your child ride the school bus to school from home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will your child be a car rider in the a.m.? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If your child will be picked up from a alternate location in the a.m., please complete below:*

Name/Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**SCHOOL TO HOME TRANSPORTATION**

Will your child ride the school bus from school to home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will your child be a car rider in the p.m.? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If your child will be dropped off at a alternate location in the p.m., please complete below:*

Name/Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_