

SCHOOL BUS RIDER AGREEMENT

We have read the attached RULES AND REGULATIONS FOR STUDENTS RIDING THE SCHOOL BUS. Our signatures on this form indicate our understanding of those rules and our agreement to obey them. I also understand that as defined by state law, school districts are not required to provide transportation, and that failure to obey the attached rules can result in the loss of bus riding privileges.

Will your student(s) be riding the bus to and from school? Yes No

Student Name (<i>Print</i>)	Student Signature	Grade/Teacher
-------------------------------	-------------------	---------------

Student Name (<i>Print</i>)	Student Signature	Grade/Teacher
-------------------------------	-------------------	---------------

Student Name (<i>Print</i>)	Student Signature	Grade/Teacher
-------------------------------	-------------------	---------------

Student Name (<i>Print</i>)	Student Signature	Grade/Teacher
-------------------------------	-------------------	---------------

Parent/Guardian Names (*Please Print*) _____

Street Address _____

Phone Number: (Work) _____ Days _____ Cell Phone No. _____

Phone Number: (Home) _____ Days _____

Emergency Contact Name: _____ Phone Number: _____

Whether riding the bus to and from school or not, a form must be signed and on file in the school office within five (5) school days. Failure to return this form may result in the loss of bus riding privileges until the form is received by the district. This also serves as permission to ride a bus during a field trip.

_____ **Parent/Guardian Signature** _____ **Date**

Voluntary Information:

Does your Bus Driver need to be aware of any allergies and/or medications or any medical conditions of any of your students? No _____

Yes _____ Student: _____ Allergies _____

Medications _____

Yes _____ Student: _____ Allergies _____

Medications _____

* * * * *

Office/Driver Use Only

Bus Number: _____ Driver Name: _____

Bus Stop Number/Location: _____