

AUTHORIZATION TO RIDE

PLEASE FILL OUT ONE FORM PER FAMILY AND RETURN TO THE BUS DRIVER:

BUS NUMBER _____ DATE _____

NAME _____ SCHOOL _____ GRADE _____

NAME _____ SCHOOL _____ GRADE _____

NAME _____ SCHOOL _____ GRADE _____

NAME _____ SCHOOL _____ GRADE _____

PARENTS _____ HOME PHONE: _____

ADDRESS _____ CITY _____ STATE _____

DAYTIME CONTACT: _____ PHONE _____

SITTER'S NAME: _____ PHONE _____

SITTER'S ADDRESS _____

My child and I have read the enclosed rules and regulations and the assertive discipline rules and consequences. We understand our responsibility to well disciplined, safe School Bus Transportation and so request permission to ride.

SIGNED _____

Parent or Guardian

Does your child have a health problem your driver should know about? _____
If so, list below, along with any special instructions necessary.

COMMENTS ON 2014-2015 SCHOOL YEAR: _____

SUGGESTIONS FOR 2015-2016 SCHOOL YEAR: _____

IF YOUR PHONE NUMBER SHOULD CHANGE DURING THE SCHOOL YEAR, PLEASE CONTACT THE OPERATIONS OFFICE IMMEDIATELY AT 863-3331.

Thank you,
Steve Sobay
Director of Operations