

BUS INFORMATION SHEET

SCHOOL Name: _____ AM/ PM/ BOTH
Bus Driver: _____ Bus # _____
Grade: _____ Age: _____ DOB: _____ Male/Female
Teacher: _____

Student's Name: _____

Student's Address: _____

City: _____ Zip: _____

STUDENT'S BUS STOP: _____

Guardian/Parent:

Mother's Name: _____

Daytime Number: _____ Evening Number: _____

Cell Number: _____ May I text you on cell# YES NO

Email: _____

Father's Name: _____

Daytime Number: _____ Evening Number: _____

Cell Number: _____ May I text you on cell# YES NO

Email: _____

Guardian's Name: _____

Relationship to Student: _____ Phone#: _____

Emergency Contacts:

1.) Name: _____ Relationship to Student _____

Phone: _____

2.) Name: _____ Relationship to Student _____

Phone: _____

3.) Name: _____ Relationship to Student _____

Phone: _____

List any Medical Conditions the Bus Driver Should Be Aware of: _____

ALTERNATE BUS STOP: where student will be picked up or dropped off.

Name _____

Address: _____

Contact Person: _____ Phone #: _____

**If Student rides one or more buses on a regular basis, each bus driver needs a completed*

Bus Information Sheet. *

I have read and understand the BUS RULES and REGULATIONS.

Parent/Guardian Signature

Date

White – Bus Driver Yellow – Contact Bus Driver