

# BUS RIDER INFORMATION FORM

Please complete the following information so that we can assure your child is picked-up and/or dropped-off at the correct address. Due to bus capacity and safety reasons, switching busses is no longer an option.

<u>Student(s) First &amp; Last Name</u>	<u>Grade</u>	<u>Teacher (if known)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

## **NORMAL SCHOOL DAY:**

AM Pick-up Address: \_\_\_\_\_ If Sitter/Daycare, Name: \_\_\_\_\_

PM Pick-up Address: \_\_\_\_\_ If Sitter/Daycare, Name: \_\_\_\_\_

## **DISTRICT EARLY OUT DAY:**

AM Pick-up Address: \_\_\_\_\_ If Sitter/Daycare, Name: \_\_\_\_\_

PM Pick-up Address: \_\_\_\_\_ If Sitter/Daycare, Name: \_\_\_\_\_

## **ELEMENTARY SCHOOL EARLY OUT DAY:**

AM Pick-up Address: \_\_\_\_\_ If Sitter/Daycare, Name: \_\_\_\_\_

PM Pick-up Address: \_\_\_\_\_ If Sitter/Daycare, Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date