

# 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**