

PLEASE RETURN THIS FORM TO THE SCHOOL BUS DRIVER.

Dear Parents: Please complete the information below and return to me as soon as possible.

Seat Number Assigned: _____ (For bus driver use only)

CHILD'S NAME: _____

GRADE & HOMEROOM TEACHER: _____

DATE OF BIRTH: _____

PARENT/GUARDIAN NAME(S):

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

BUS NO: _____

DRIVER'S NAME _____

Please advise if your child has an illness or allergy that your driver should be aware of

Thank you for your cooperation.

In the event of an accident, this information will be kept on the school bus at all times.