

AM BUS: Animal _____ # _____

PM BUS: Animal _____ # _____

2017-2018 Jarrell ISD School Bus Rider Information
(Please print all entries)

Students Legal Name _____

Grade _____

Preferred Name _____

Decline transportation services _____

Parent Signature _____

Date _____

(If Declined, Do Not fill out the remainder of this form)

***Only Guardian/Grandparent/Registered Daycare Facility Addresses are acceptable. If the address listed below is different from the physical address listed on the registration form, you must fill out an alternate address form which will be available upon request.**

Bus Pick Up Street Address _____

Bus Drop Off Street Address _____

Parent/Guardian: _____ E-Mail: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian: _____ E-Mail: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Pre-K through 1st Grade Students Only (Skip to Signature if Not Applicable)

The Jarrell ISD Transportation Policy requires that ALL students in Pre-K through 1st grade be met at their bus stop each afternoon. Only the adults listed on this form will be authorized to receive your student. Any individual picking up a student at the bus stop must have a Government issued picture ID with them and present to bus driver if requested before student will be released. I also understand that if no one is present at the bus stop at the scheduled time, the student will be returned to the school. It is then the responsibility of the parent/guardian to pick the student up from the school. I also understand, if an authorized adult continues to fail to be at the bus stop to meet my child, my child becomes at risk of being suspended from the bus.

Any 2nd grader who is authorized to escort the above student must be listed below.

(No ID is required if the student rides the same bus).

***If any changes to this authorization (to add OR delete) occurs, a new form must be completed and provided to the Elementary office; however, changes will not become effective until the information is received by Transportation Services.

Please print full name as shown on ID Card (No Mr/Mrs).

NAME

RELATIONSHIP

1. _____
2. _____
3. _____
4. _____

Parent/Guardian Signature for Transportation Services _____

Date _____