

BUS # \_\_\_\_\_

BUS DRIVER \_\_\_\_\_



### CASHION PUBLIC SCHOOLS STUDENT BUS RIDER REGISTRATION



Please complete this form and return it to your bus driver within two days. This form must be on file with the driver and in the district's offices.

PLEASE PRINT the names, ages, and grades of each child in your family that may ride the school bus.

Name	Age	Birth Date	Grade

\_\_\_\_\_  
Parent/Guardian Home Telephone Number

\_\_\_\_\_  
Address Business Telephone Number

\_\_\_\_\_  
City State Zip Code Emergency Telephone Number

\_\_\_\_\_  
Mailing Address (if different from above) Cell Telephone Number

Please give a brief description on driving directions to your home.


If there are any medical conditions that you would like to make the bus driver aware of, please note the name of the child and the nature of the condition.


My child and I have read and understand the attached rules regarding behavior while present on the school bus. These guidelines are in place to provide a safe, relaxing ride to and from school.

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Student Signature Date