

Summer Bus Transportation Form 2011



<u>Student Last Name</u>	<u>First</u>	<u>Age</u>	<u>Medical Condition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explain Medical Condition _____

Parents' or Guardians' Names _____

Address _____
Street City State Zip Code

Mother's Phone Numbers _____
Home Cell Work

Father's Phone Numbers _____
Home Cell Work

Other or Emergency Contact _____
Name Relationship Phone Numbers

Desired AM Pick-up _____ Desired PM Drop-off _____	For Office Use Only AM Bus # _____ PM Bus # _____
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RBCS Transportation Agreement

In making this application for bus transportation I understand and agree that:

- As it is absolutely necessary that students be transported safely, student conduct must be strictly enforced to insure that the driver is not distracted.
- Any student who fails to follow the stated safety procedures or other instructions from his driver will be corrected and then further penalized if this is necessary to gain compliance. In some instances, misbehaving students will be denied the privilege of riding the bus.
- If a temporary or permanent change in the above schedule is necessary, please NOTIFY the Transportation Office (729-7227 x290). If an EMERGENCY prevents this, phone the Summer Camp office (729-7227 x273) or the Transportation Manager (420-5653).

Other than a parent, _____ has authority to pick-up this student.

Other than a parent, _____ **does not** have authority to pick-up this student.

Parent Signature

Date

For Financial Use Only initial
