

# Summer Bus Transportation Form 2010



<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

<b>Desired AM Pick-up</b> _____ <b>Desired PM Drop-off</b> _____	<b>For Office Use Only</b> <b>AM Bus #</b> _____ <b>PM Bus #</b> _____
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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

<b>For Financial Use Only</b>  <b>initial</b>
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