



August, 2011

Dear St. Basil Parent or Guardian,

You have requested that your child ride the St. Basil School Bus. The school needs the following information for each child in your family that is riding our bus. This is a state law requirement before approval to ride the bus can be given. Please fill out the enclosed form for each student and return it to the school office. If you should have any questions please call the school office.

Remember, one form per child.

Thank you,

Mr. William Alwin
Principal

Mrs. Kathy Cochran
Bus Driver

Mr. Bernie Rogers
Bus Driver

Transportation Information Form Required for all regular bus riders

Student's Name: _____ Grade: _____

Start Date to ride the St. Basil Bus: _____

Location to be picked up in the AM: _____

Location to be dropped off in the PM: _____

Will an adult be at the location to meet the student? Yes _____ No _____

If yes, name of the adult: _____

Relationship to the student: _____

May the student be left at this address if no adult is present? Yes _____ No _____

Parents' Phone Numbers:

Land line(s): _____

Mom's cell: _____ Mom's work: _____

Dad's cell: _____ Dad's work: _____

Emergency Phone Numbers:

Emergency Contact's Name: _____ Phone Number: _____

Relationship to child: _____

Does your child have allergies or illness that the bus driver needs to know?

Yes__ No__ If yes, please list all allergies or illness:

Signature of Parent(s): _____

Dear St. Basil Parent or Guardian,

To ensure the safety of your child, please provide the following information for a temporary change in your child's transportation to/from St. Basil Catholic School. This form must be filled out for each student and each time that there is a change in transportation.

Date of Trip: _____

Student's name: _____ Grade: _____ will ride

to/from this address _____

Will an adult be present at this address? Yes _____ No _____

If yes, name of the adult _____

Relationship to the student _____

May the student be left at this address with out an adult present? Yes _____ No _____

Parent/Guardian phone numbers: _____

Emergency contact phone numbers _____

Signature of parent or guardian: _____

Please note there is a **\$3.00 per child fee** for this service if your child normally does not ride the bus and is using our service.

Office use only:

Signature of Transportation Director or Principal: _____