

MOUNTAIN HOME PUBLIC SCHOOLS

Safety is the most important aspect of our bus program. Therefore, it is essential that our students follow the policies for their own safety as well as for the safety of other students on the bus.

The form below is to be signed by the parent or guardian of children who are being transported by school operated vehicles. Please complete the form and return it to the bus driver

This form is a bus pass for your child and **must** be returned within 10 days of the date of this letter or the bus riding privileges will be revoked.

Student Information

- 1. Name _____ Grade _____ Age _____
- 2. Name _____ Grade _____ Age _____
- 3. Name _____ Grade _____ Age _____
- 4. Name _____ Grade _____ Age _____

ADDRESS _____

Emergency Information

Father/Guardian _____ Primary Phone _____

Place of Business _____ Business Phone _____

Mother/Guardian _____ Primary Phone _____

Place of Business _____ Business Phone _____

DOCTOR _____ PHONE _____

Please list any illness or other information of which the transportation dept. should be aware:

I know that the safety of my child depends on how well he/she follows the policies of the school district. I have read and I understand the policies. I agree to the policies and expect my child to follow them.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

(Keep the list of bus riding policies that is attached.)