

FOR OFFICE USE ONLY

A \_\_\_\_\_ P \_\_\_\_\_

Please fill out completely and return to ECC.  
CLINTON COUNTY BUS GARAGE (606) 387-5276  
**KINDERGARTEN** BUS INFORMATION SHEETS

\*\*\*Fill out a separate sheet for each student.

**SECTION 1: STUDENT INFORMATION (PLEASE PRINT CLEARLY)**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_

NAME OF PARENT OR GUARDIAN \_\_\_\_\_

STREET ADDRESS (NO PO BOX NUMBERS) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # AT HOME \_\_\_\_\_ CELL # \_\_\_\_\_ CELL # \_\_\_\_\_

EMERGENCY PHONE # \_\_\_\_\_ NEIGHBOR PHONE # \_\_\_\_\_

DIRECTIONS TO STUDENTS HOME \_\_\_\_\_

**SECTION 2: TRANSPORTATION INFORMATION**

\_\_\_\_\_ CHECK HERE IF STUDENT WILL **NOT** BE RIDING THE BUS. (SKIP TO SECTION 3: MEDICAL INFORMATION)

IF YOUR CHILD WILL BE RIDING THE BUS IN THE MORNING PLEASE COMPLETE BELOW

WILL STUDENT BE PICKED UP AT: \_\_\_HOME \_\_\_OTHER LOCATION (Please fill out information below)

PARENT/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

IF YOUR CHILD WILL BE RIDING THE BUS IN THE EVENING PLEASE COMPLETE BELOW

WILL CHILD BE DROPPED OFF AT: \_\_\_HOME \_\_\_OTHER LOCATION (Please fill out information below)

PARENT/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

IF STUDENT HAS RELATIVE ON THIS BUS, PLEASE LIST NAME WITH GRADE LEVEL:

\_\_\_\_\_

**I have read and understand the student rules and regulations for the 2019-2020 school year.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Please complete sections 3 and 4 on reverse side →

**SECTION 3: MEDICAL INFORMATION**

ARE THERE ANY SPECIAL MEDICAL PROBLEMS THE DRIVER SHOULD KNOW ABOUT?  
(SUCH AS ALLERGY TO BEE STINGS, EPILEPSY, ASTHMA, ETC.) YES \_\_\_ NO \_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_

PLEASE ADD ANY FINAL COMMENTS FOR THE DRIVER: \_\_\_\_\_

**SECTION 3: RELEASE INFORMATION**

NAME OF PERSON DRIVER MAY DROP CHILD OFF WITH:

1. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS/PHONE # \_\_\_\_\_

2. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS/PHONE # \_\_\_\_\_

3. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS/PHONE # \_\_\_\_\_

4. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS/PHONE # \_\_\_\_\_

5. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS/PHONE # \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE PLEASE**

**TO BE COMPLETED BY TRANSPORTATION OFFICE**

**AM**

\_\_\_\_\_

\_\_\_\_\_

**PM**

\_\_\_\_\_

\_\_\_\_\_