



BUS SAFETY PARTNERSHIP

EMERGENCY CONTACT INFORMATION

SCHOOL _____ GRADE _____ ROUTE# _____ DATE ISSUED _____

STUDENT NAME (Print) _____ SEX: M or F

ADDRESS _____

PARENT/GUARDIAN (Print) _____

HOME # _____ CELL # _____ WORK # _____

EMERGENCY CONTACT _____
Name (Print) _____ Phone # _____

Relationship to student _____

Please list any medical conditions, allergies or special instructions for your child. _____

BUS SAFETY PARTNERSHIP AGREEMENT

I have read and understand the Bus Safety Partnership Contract and agree to abide by these rules. Failure to comply may result in bus suspension and loss of riding privileges. This page **MUST** be signed by both Student **and** Parent or Guardian and returned to the Bus Driver no later than five days from issue date indicated above. Failure to return contract within five days of issue will result in loss of riding privileges until completed and signed contract is returned to the driver.

PARENT SIGNATURE: _____ Date: _____

STUDENT SIGNATURE: _____ Date: _____

PLEASE SIGN AND RETURN THIS PAGE TO SCHOOL BUS DRIVER