

TWO PRIMARY BUS STOP

Park City School District Transportation Office

PLEASE PRINT

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Student's Name _____
Last Name First Name

Date ____/____/____ **School:** PCHS TMJH EHMS

JRES MPES PPES TSES
Circle which school student attends

Father's Name: _____

House #1 Street Address: _____

Telephone # () _____ Cell # () _____

Email address: _____

Mother's Name: _____

House #2 Street Address: _____

Telephone # () _____ Cell # () _____

Email address: _____

We the undersigned understand and agree that the busing for our student is for the school year and that the two house addresses listed above are the only two that are authorized for the school year. If for any reason our student rides the wrong bus, and/or on the wrong day to one of these houses, we will not hold Park City School District, our student's school, or the Transportation Department for any liability. It will be our responsibility at this point to see that our student is safe and gets to the proper destination. Further, we understand that it is the responsibility of our student to be able to scan their bus pass upon entering and exiting the bus. If one of the houses is ineligible, we understand that if there is space available on the bus for that route that we may sign up for the space available for that school year. TWO PRIMARY BUS STOPS paperwork must be completed every school year, and again during the school year if a parent(s) have moved to another location in the district.

Father's Signature _____ Date ____/____/____

Mother's Signature _____ Date ____/____/____

Transportation Office Personnel Initial _____