

Hillsboro Independent School District School Bus Rider's Card

Date: _____

Student Name: _____ Grade: _____

Street Address: _____

Mailing Address: _____

Home Phone: _____ Cell/Emergency Phone: _____

Does your child need to ride to a different location?

*(The Only Approved locations are: Grandparents or Student must be enrolled at the drop off location
Boys & Girls Club, Tammy's Learning, Candy Day Care.)*

If yes, write location and address below

Parent Signature: _____

Print Name: _____

PLEASE NOTE: This card must be approved before your child can ride the bus.

OFFICE USE ONLY

Students are eligible for one drop off location

PLEASE NOTE:

This card must be approved before your child can ride the bus.

Once approved student will have access to transportation (3) business days after rider form is
accepted by the transportation office.

For questions regarding bus transportation for your student please contact the appropriate
campus offices.

OFFICE USE ONLY

Student ID # _____ Teacher: _____

Approved _____ Not Approved _____ Parent Emailed _____ Skyward: _____ Badge Printed _____

Bus Route _____ Bus Stop _____ Stop Color: _____