

Mid Columbia Bus Company Student Transportation

ALL PRINT MUST BE LEGIBLE FOR FORM TO BE VALID

Office use only: Route Number: _____ Bus Stop Location: _____

Print names of all students in your household who will be riding the bus this school year (use additional form is needed)

	Name: (first and last)	Date of birth:	Grade:	School Attending:
Student #1				
Student # 2				
Student #3				
Student #4				

Parent/Guardian Contact Information

In the event of an Emergency, Mid Columbia Bus Personal Will attempt to make contact using phone numbers listed in order

Parent/Guardian Name:	Phone Number:
Parent/Guardian Name:	Phone Number:
Physical Home Address:	Drop Off Location:
Daycare Providers Information:	Additional Notes:

****KINDERGARTEN ONLY****: There must be a parent/guardian present every time your student is released from the bus

Please list below the alternative caregiver(s) that we may release your student to at the bus stop (siblings 6th grade or up must also be listed)

Name:	Phone:
Name:	Phone:

Parent/Guardian Signature: _____ Date: _____

Questions? Contact Autumn Thompson, Phone: 541-929-5474 E-mail: autumn.thompson@midcobus.com

This form may be dropped off at 6995 SW West Hills Rd., Corvallis, OR 97333