



BROOKS COUNTY ISD
SCHOOL BUS REGISTRATION FORM
2025-2026

PLEASE COMPLETE (PRINT) THE FOLLOWING
INFORMATION

Student's Name: _____

Physical Address: _____

Phone: Home _____ Cell _____

Campus: _____ Grade: _____

Parent/Guardian: _____

**IN CASE OF AN EMERGENCY – PERSON TO BE CONTACTED
(OTHER THAN PARENT)**

Name: _____

Address: _____

Relationship to Student: _____

Phone: Home _____ Cell _____

Start Date: _____

I have read and understand the above and will cooperate in ensuring that my child obeys the laws & regulations for riding the school bus. I consent to having my child monitored by audio/video equipment.

Signature of Parent/Guardian

Date

OFFICE USE ONLY:

Bus Driver: _____

Bus #: _____

Special Instructions: _____
