

**DEADLINE—7/10/2026 TO EMAIL TO: [BUS\\_CONTRACTS@MIDLOTHIANISD.ORG](mailto:BUS_CONTRACTS@MIDLOTHIANISD.ORG)  
OR PRINT AND DELIVER BY TO 601 E. AVENUE E, MIDLOTHIAN**

**Midlothian ISD Transportation  
Eligible Rider Contract**

→ 2026 - 2027 ←

STUDENT INFORMATION					
Last Name	First Name	MI	Commonly goes by	Gender M F	Date of Birth
Address (where student lives)			City	State	Zip
Alternate Address ( <i>MISD Transportation approval required</i> )			City	State	Zip
Campus	Grade	Student ID #	Student Cell #	Student will ride bus: AM & PM      AM Only      PM Only	
Medical Information (if applicable):					
Symptoms:					
Treatment:					
Any Additional Information:					

PARENT / GUARDIAN INFORMATION					
MOTHER / GUARDIAN			FATHER / GUARDIAN		
Last Name	First Name	Lives with Student Yes No	Last Name	First Name	Lives with Student Yes No
Address (if different from student's)			Address (if different from student's)		
City	State	Zip	City	State	Zip
Cell #	Home #		Cell #	Home #	
Work #	Preferred Method of Contact (circle one) Cell      Home      Work		Work #	Preferred Method of Contact (circle one) Cell      Home      Work	
Email Address			Email Address		

ALTERNATE EMERGENCY CONTACT INFORMATION					
#1 Last Name	First Name	Relationship	#2 Last Name	First Name	Relationship
Cell #	Home #		Cell #	Home #	
Work #	Preferred Method of Contact (circle one) Cell      Home      Work		Work #	Preferred Method of Contact (circle one) Cell      Home      Work	

*My parents and I have read and discussed the **School Bus Rider's Safety/Instruction Handbook**, and I pledge to abide by the contents and assist the driver to promote a safe environment to ensure a safe and expedient service. I also understand that all of the information provided above will be kept confidential and safe-guarded by the MISD Transportation Department, and will be used to contact the Parent/Guardian for student emergency/management purposes. I further understand **School Bus service is a privilege, not a right, busing zones are subject to change, and I may be placed in a No Bus Service Zone at some point in the future. ID BADGES ARE REQUIRED AT ALL TIMES.***

Please return this completed form to the Transportation office **THREE (3) DAYS** prior to needing transportation.

Student Signature (Initials for Elementary Students)	Date	Parent Signature	Date
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**★★★ To be Completed by MISD Transportation Department ★★★**

AM Route:		Time		PM Route:		Time	
Alternate Address Request Approved: No Yes				AM      PM      BOTH	by:		
AM Route:		Time		PM Route:		Time	
Pick-up Stop				Drop-off Stop			