

MOUNDRIDGE USD 423

2026-2027 TRANSPORTATION FORM

Student Name _____	(Grade) _____	Parent / Guardian _____
_____	() _____	Address _____
_____	() _____	_____
_____	() _____	Daytime Phone _____
_____	() _____	Cell Phone _____
_____	() _____	Email _____
Transportation Start Date _____		Paid Amount _____

PICK-UP & DROP-OFF LOCATIONS

(Please check one)

- ☐ **Out-of-Town Rider:** (AM / PM / BOTH)

Directions to your house from the 4-way stop: _____

- ☐ **In-Town Rider:** Please designate if riding in the AM/PM or both (circle)

- ☐ Cradle to Crayons (AM / PM / BOTH)
- ☐ High School (AM / PM / BOTH)
- ☐ Elementary School (AM / PM / BOTH)
- ☐ Corner of South Christian & Grant (AM / PM / BOTH)
- ☐ Corner of Redbud & Koehn (AM / PM / BOTH)

Special information about student rider(s) - (i.e. medical problems, etc. that the bus driver should aware of)

Since the safety of the students we transport is always a major concern, we wish to stress the importance of being safe riders. We expect the student's full cooperation because the driver's primary responsibility is to safely transport all the students. We cannot allow student behavior to distract the driver from carrying out his/her duties.

IN-TOWN RIDERS ONLY: Since your child will not be picked up or dropped off at your house, you are responsible for their safety to and from the bus stop; this is especially important on inclement weather days. By signing below, you are agreeing to take full responsibility for your child's safety to and from the bus stop.

Please sign and return this form to your bus driver or to the District Office, 526 E. Cole, Box K, Moundridge, KS. 67107 indicating that the parent(s) and student(s) are aware of and understand the rules.

**There is a fee of \$50/semester for each bus rider living 2.5 miles or less from the school and for all out of district students.

Parent/Guardian Signature