Accel Academy
Bus Rider Information Form
2026-2027

STUDENT INFORMATION

Last Name	First Name	MI	Commonly goes by	Gender	Date of Birth

Address (where student lives)	City	State	Zip

Alternate Address *(MPCS Transportation approval required)* ☐ AM ☐ PM ☐ Both	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 MPCS 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.* ***I also understand that conduct detrimental to safety may result in bus removal.***

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

★★★ To be Completed by MPCS 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**			