

**BUS ROUTES BEGIN TUESDAY AFTERNOON OF THE
FIRST WEEK OF SCHOOL**

BUS PERMISSION FORM

**Please list ALL children in your family that will be riding the bus.
Only one form per family is needed.**

Student Name	Grade

Please mark which bus your child/children rode last year:

Alert CB Ware

Pick up/Drop off address: _____

Parent/Guardian Signature: _____

Parent Phone Number: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Please indicate when your child/children will ride the bus:

Morning Afternoon BOTH

For office use only

Assigned to Bus _____

Bus Stop # _____