

Corrigan-Camden ISD School Bus Rider Contract

Student's Name (please print) _____

Grade Level: _____ Student's Bus # (if known) _____ Date: _____

Student's Address: _____

No PO Box Numbers Please

My child/children and I have read and discussed the Bus Rider's Handbook, and we agree to abide by the rules. I/we give permission for the student's information to be maintained by the Transportation Department and used for safety/student management purposes. I/we realize that the bus video/audio recordings may be made while riding the bus and may be viewed by the administrative personnel and Law Enforcement Officers.

Student's Name

Parent/Guardian Name

Cell Phone #

Home #

Work#

Emergency Contact:

Phone # _____

Any alternate phone # in case we cannot reach you: _____

____ Yes, my child may get off bus and left at home without adult supervision.

____ No, my child may NOT be left at home without adult supervision.

This contract must be turned in to the bus driver within 5 days of receipt or the student's bus riding privileges will be revoked.