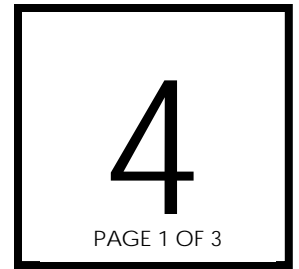




KERENS INDEPENDENT SCHOOL DISTRICT  
STUDENT "PICK-UP" AUTHORIZATION  
2018-2019 SCHOOL YEAR



Student: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

According to KISD school policy, students must be released to those individuals authorized to pick them up. Kerens Independent School District teachers and staff need your help in assuring that your students arrive home safely. Students depart from school in one of the following ways: bus, car, childcare, transit, or walk. In order that we may enforce this policy, and for the safety of every student, we ask that you please list below ONLY those individuals who are authorized to pick up your child and the method in which your child will depart from school.

I authorize \_\_\_\_\_ to release my student to the following individuals during or after the school day:  
(SCHOOL)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

**My student will depart from school in the following way(s):**

Bus Rider (Bus # \_\_\_\_\_)

Transit or Childcare Rider (Name of transit or childcare center \_\_\_\_\_)

Car Rider       Walker

**Parent Signature and Date (REQUIRED):**

I submit that the information provided above is true and correct to the best of my knowledge.

Print Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Kerens ISD (KISD) does not discriminate on the basis of race, color, religion, national origin, gender, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended. Questions or concerns about discrimination against students based on sex, including sexual harassment should be directed to the KISD Director of Human Resources, the district Title IX coordinator. Questions or concerns about discrimination on the basis of a disability should be directed to the KISD Transition Coordinator, the district ADA/Section 504 coordinator. All other questions or concerns relating to discrimination based on any other reasons should be directed to the Superintendent at the Administration Building 200 Bobcat Lane, Kerens, TX 75144, phone (903) 396-2924.



If your child lives 2 or more miles away from K.I.S.D. and requires transportation to and/or from school, please fill out the form below. Otherwise skip and go to the next page! Your child will not be allowed to ride the bus without a completed bus transportation form on file.

# K.I.S.D. BUS

# INFORMATION FORM



Name of Bus Driver: \_\_\_\_\_

Bus#: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

List Allergies/Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Pick-Up/Drop-Off Address: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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KERENS INDEPENDENT SCHOOL DISTRICT  
**CONTRACT FOR BUS RIDING PRIVILEGES**  
2018-2019 SCHOOL YEAR

Dear Parent,

This contract grants your child the privilege to ride KISD transportation provided that he/she abides by all the rules established by the district. By signing this contract, you are stating that your child will follow the established rules located below and understands the consequences should your child decide to break one of these rules. The following consequences are established not as a punishment, but as a safety guideline in order to maintain safe and effective transportation routes for all the students.

The following rules apply to all students who ride on the KISD transportation system:

- Student will remain seated at all times while riding in ANY KISD provided transportation.
- Safety seat belts will be worn at all times, if equipped.
- Student shall remain quiet and will converse in a whisper.
- Student will follow the KISD student code of conduct while riding KISD provided transportation.
- Student will listen and follow instructions given by the bus driver at all times and will treat the drivers respectfully as they would any other school official.

A referral by transportation personnel will be written for any breach of the above listed rules and the following consequences may occur:

Initial Referral:

- Student will lose ALL riding privileges for up to 5 days.

Subsequent Referrals:

- Student will lose ALL riding privileges for up to 15 days.
- Student will lose ALL riding privileges for up to the remainder of the school year.

If a student loses his/her riding privileges, it is then the parent/guardians responsibility to provide their child with transportation to and from school and to all extracurricular activities.

I have read and fully understand the above statements and agree to abide by the terms by my signature below.

Parent: \_\_\_\_\_ Student: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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