

**EASTON USD #449 BUS INFORMATION**

**Bus # \_\_\_\_\_ New to District \_\_\_\_\_ Non Resident \_\_\_\_\_**

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: PRES- SCV-PRMS –PRHS  
 Special Education: \_\_\_\_\_

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 Special Education: \_\_\_\_\_

**Parents or Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **e-mail address** \_\_\_\_\_

Mom Dad

Mom Dad

**STUDENT EMERGENCY MEDICAL INFORMATION**

**Does your child/children have a medical condition?** \_\_\_\_\_

**Student Name & Grade:** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

**SITTER INFORMATION**

**Name of Sitter:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**PICK UP & DROP OFF**

**Be specific where your child is to be picked up and dropped off.**

**Picked up A.M.** \_\_\_\_\_ **Dropped off P.M.** \_\_\_\_\_

**PLEASE GIVE A BRIEF DESCRIPTION TO YOUR HOUSE (Name of neighbors, street, etc.)**

\_\_\_\_\_

\_\_\_\_\_

**THE FOLLOWING TO BE FILLED OUT BY THE TRANSPORTATION COORDINATOR**

**Bus #:** \_\_\_\_\_ **Approximate pick up time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF EASTON USD #449  
BUS RULES & REGULATIONS**

I, \_\_\_\_\_, do hereby acknowledge receipt of a copy of the  
(name of parent/guardian)

Easton USD #449 Bus Rules & Regulations. I have read, and I understand the contents. I will

discuss the rules and regulations with my child/children before they ride the bus/van.

Name of Child/Children: \_\_\_\_\_  
Please print names/grade

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Print name

**PLEASE FILL OUT THE BUS INFORMATION ON THE REVERSE SIDE.**