Extra Trip – Bus Passenger Information Card

Name:_____School:_____Grade_____

Street Address: _____

Medical Conditions: _____

Phone Number: Home:_____ Cell (optional):_____

Work:_____

Emergency Contact Person: _____

Phone Number(s): _____

Circle One:

Male Female Caucasian African American Latino Other

***Passenger information is needed before the student is permitted to use district transportation. This information will only be used in the case of an accident or emergency.**