

LYNDON USD #421 BUS INFORMATION
New to District _____ Non Resident _____

Students Name: _____ Grade: _____

Students Name: _____ Grade: _____

Students Name: _____ Grade: _____

Students Name: _____ Grade: _____

Parents or Guardian Name: _____

Address: _____ Home Phone: _____

Emergency Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail Address _____
Mom Dad

PICK UP & DROP OFF

If you want your child(ren) to be dropped off/picked-up other than the above address, please complete the information below. Note: Transportation will be provided only if the home and day care addresses meet the 2.5 mile distance requirement and routes permit. No special routes will be established to accommodate pick-up/drop-off other than residence.

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

Picked up A.M. _____ Dropped off P.M. _____

CHILD CARE PROVIDER INFORMATION

Name of Sitter: _____

Address: _____

Phone: _____ Cell Phone: _____

STUDENT EMERGENCY MEDICAL INFORMATION

Does your child/children have a medical condition? _____

Student Name & Grade: _____

If yes, please explain: _____

THE FOLLOWING TO BE FILLED OUT BY THE TRANSPORTATION COORDINATOR

Bus #: _____ Approximate pick up time: _____ Date: _____

ACKNOWLEDGEMENT OF RECEIPT OF LYNDON USD #421 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