SULPHUR SPRINGS I.S.D. TRANSPORTATION DEPARTMENT REQUEST FOR PERMISSION TO RIDE A SCHOOL BUS

BUS # (RETURN COMPLETED FORM TO BUS DRIVER.)				
NAME	AGE	CAMPUS		
PLEASE PRINT CLEARLY		CAMPUS		
ADDRESS	GRADE	TEACHER		
ADDRESS(No P.O. Box numbers. Use County Road #, if applicable.)		(If registering an elementary student.)		
DROP-OFF LOCATION				
DROP-OFF LOCATION(Example: name of housing addition; street corner; county is	road with brie	ef description; etc.)		
PARENT/GUARDIAN NAME				
Home #	Cell #			
Work #	Emergency #			
The <i>Policies and Guidelines for Bus Behavior</i> booklet is available on the soplease contact the Transportation Office @ 903.885.2153. The policies and from school on a bus. Parental support and cooperation have proven instru	d guidelines addr	ress the conduct of your student for a safe environment to and		
Middle and High school students do not require the signature of a parent. The elementary $PK - S^{th}$ must sign this request form accepting responsibility for for our comprehensive database used in case of an emergency.				
Middle & High School Student SignatureSEE REVERSE SIDE FOR BUS STUDENT				
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Middle & High School Student Signature Parent/Guardian Signature
.....SEE REVERSE SIDE FOR BUS STUDENT HEALTH INFORMATION TO COMPLETE.....

BUS STUDENT HEALTH INFORMATION

Student's Date of Birth		
Allergies (including insects)_		
Medical Conditions (including	g seizures)	
	information which bus drivers will need to know	
Doctor's Name	Doctor's Address	Doctor's Phone #
Hospital Name	Hospital Address	Hospital Phone #
	BUS STUDENT HEALTH INFORMAT	ION
Student's Date of Birth		
Allergies (including insects)_		
Medical Conditions (including	g seizures)	
List below additional medical	information which bus drivers will need to know	w for the welfare of the student.
Doctor's Name	Doctor's Address	Doctor's Phone #
Doctor's manie	Doctor's Address	Doctor's Phone #
Hospital Name	Hospital Address	Hospital Phone #