

Millsap ISD Transportation Eligible Rider Contract

STUDENT INFORMATION										
Last Name			First Name			Commonly Called Name (nickname)			Gender M F	Student ID #
Address (where student lives)						City		State	Zip	
Alternate Address (MISD Transportation approval required)						City		State	Zip	
Campus		Grade	Student Cell #			Student will ride bus: AM & PM AM Only PM Only				
Medical Information (if applicable):										
Symptoms:										
Treatment:										
Any Additional Information:										
PARENT / GUARDIAN INFORMATION										
MOTHER / GUARDIAN					FATHER / GUARDIAN					
Last Name		First Name		Lives w/Student Yes No	Last Name		First Name		Lives w/Student Yes No	
Address (if different from student's)					Address (if different from student's)					
City			State	Zip	City			State	Zip	
Cell #		Home #			Cell #		Home #			
Work #	Preferred Method of Contact (circle one) Cell Home Work				Work #	Preferred Method of Contact (circle one) Cell Home Work				
Email Address					Email Address					
ALTERNATE EMERGENCY CONTACT INFORMATION										
#1 Last Name		First Name		Relationship	#2 Last Name		First Name		Relationship	
Cell #		Home #			Cell #		Home #			
Work #	Preferred Method of Contact (circle one) Cell Home Work				Work #	Preferred Method of Contact (circle one) Cell Home Work				
<p><i>My parents and I have read and discussed the School Bus Rider's Safety/Instruction Handbook, and I pledge to abide by the contents and assist the driver to promote a safe environment to ensure a safe and expedient service. I further understand that all of the information provided above will be kept confidential and safe-guarded by the MISD Transportation Department, and will be used to contact the Parent/Guardian for student emergency/management purposes.</i></p>										
<p>Please return this completed form to the Transportation office THREE (3) DAYS prior to needing transportation.</p>										
Student Signature (Initials for Elementary Students)				Date	Parent Signature				Date	

To be Completed by Transportation						
AM Route:		Seat #	PM Route:		Seat #	
Alternate Address Request Approved: No Yes				M Tu W Th F		by:
AM Route:		Seat #	PM Route:		Seat #	