

Whitehouse I.S.D. Transportation Department

Bus Rider Registration Form

School Year 2018-2019

Bus # _____

Please fill out one student bus rider per form and return to your students' bus driver. Thank you.

Students Name: _____ Grade: _____

Parent/Guardian Name: _____

Physical Address: _____

City: _____ Zip: _____ Home Telephone Number: _____

Cell Phone Number: _____ Business Telephone: _____

Email Address: _____@_____.

Emergency Contact: _____

Relationship: _____ Telephone #1: _____ Telephone #2: _____

Please list any medical conditions such as diabetes, allergies, asthma, etc., which your student may have so the driver and the Transportation Office can be aware of in case of an emergency:

STUDENTS ARE TO BE AT THEIR DESIGNATED BUS STOP 10 MINUTES PRIOR TO ESTIMATED PICK UP TIME.

Please inform your child of the following safety rules:

1. BE COURTEOUS, FRIENDLY AND OBEDIENT TO THE DRIVER/MONITOR AT ALL TIMES, RECOGNIZING HIS/HER AUTHORITY WHILE ON THE BUS.
2. WAIT FOR THE DRIVER'S SIGNAL BEFORE CROSSING THE ROAD. ALL CHILDREN MUST CROSS AT LEAST TEN (10) FEET IN FRONT OF THE BUS SO THAT THE DRIVER CAN WATCH THEM.
3. THE BUS DRIVER/MONITOR IS AUTHORIZED TO ASSIGN SEATS.
4. CHILDREN MUST REMAIN SEATED WHILE ON THE BUS.
5. FIGHTING, PROFANITY AND VANDALISM WILL NOT BE TOLERATED.

We are trying to ensure the safest and most efficient transportation system possible. Should there be any questions, please call the transportation office at 903-839-5570.

Parent/Guardian Signature: _____ Date: _____