



**ROCKDALE**  
Independent School District

# Rockdale ISD Bus Request Form

*Complete this form only if your child will ride a Rockdale ISD bus.*

CAMPUS:  High School     Junior High     Intermediate     Elementary

STUDENT NAME \_\_\_\_\_ GENDER  M  F GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ PARENT \_\_\_\_\_

### SPECIALS INSTRUCTIONS

*Please include special instructions here if different from residential home address listed above.*

PICK UP LOCATION

DROP OFF LOCATION

SIBLINGS, GRADE LEVELS

_____	_____
_____	_____
_____	_____

Disciplinary policies and rules for buses will be provided to your child upon their first day on the bus. The student and parent **MUST** sign those rules.

Failure to follow these rules and procedures can result in loss of bus riding privileges, as it is a privilege to ride Rockdale ISD buses.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_