

THIS FORM MUST BE COMPLETED FOR EVERY STUDENT. Thank you.

TEACHER: _____ DATE: _____

Parent/Guardian Signature: _____

In case of early school closure, please have my child, _____
First & last name

Ride the bus: _____
Bus Name

Check one:

- Home
- D.Q. / Mt. Hood
- Alternate Home

Name of alternate person

Address of alternate person's home

Will there be siblings riding the bus? Yes _____ No _____

Sibling's Names: 1. _____ 2. _____
3. _____ 4. _____

PLEASE COMPLETE ONE BOX. BUS  **or**  **PICK UP**

Picked Up @ School

BY WHOM	RELATIONSHIP	PHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____