

For the safety of your child, please complete the following and return to school.

() My child will not be a bus rider.

() My child will be a bus rider.

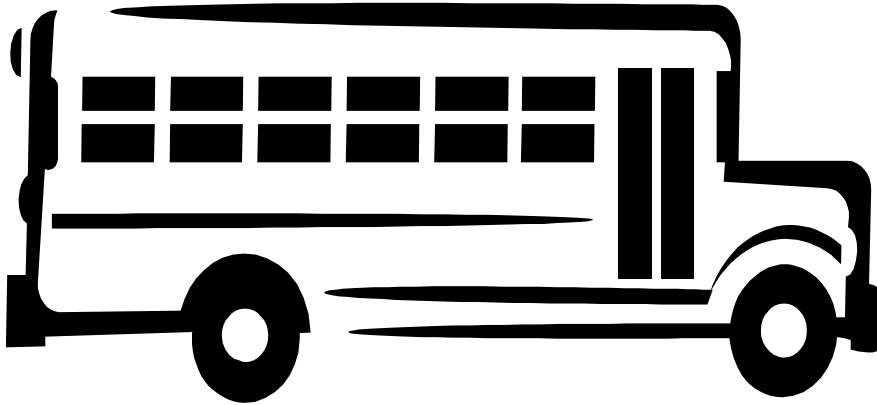
Student Name

Parent Signature

Date

Teacher Name

Room Number



Keppel Union School District

Alpine

Lake Los Angeles

Daisy Gibson

Pearblossom

Student: _____

Home Phone: _____

Bus Stop: _____ Load Spot: _____