



SOMERVILLE INDEPENDENT SCHOOL DISTRICT
YEGUASTRONG!

Bus Rider Information

Student Name	Grade

Morning Pick-Up Address _____

Afternoon Drop-Off Address _____

Parent/Guardian Name _____

Parent/Guardian Telephone Number _____

Any Other Helpful Information _____

****By signing this document, I acknowledge that I have received, understand, and agree to the terms set forth in the document titled "Bus Rider Rules and Regulations" and understand that if my student(s) do not comply, he/her could face verbal warning up to yearly suspension from riding the school bus.**

Parent/Guardian Signature _____ Date _____