

RINCON VALLEY UNION SCHOOL DISTRICT SCHOOL BUS PASS APPLICATION FORM

Today's Date: _____ School of attendance _____ Grade _____

Child's Name: _____ Birthdate _____ Teacher _____

Home Address: _____

Mailing Address (if different) _____

Bus Stop _____

Mother's Name _____ Address _____

Home Phone # _____ Work# _____ Cell# _____

Father's Name _____ Address _____

Home Phone _____ Work# _____ Cell# _____

Emergency Contacts

In case of an emergency you may contact the following persons if I am not available.

1. Name _____ Phone# _____ Cell# _____

Address _____ Relationship to child _____

2. Name _____ Phone# _____ Cell# _____

Address _____ Relationship to child _____

___ My child has special needs/ allergies or other medical problems the bus driver should know about
(explain) _____

SEE REVERSE SIDE FOR BUS RULES

Transportation use only			
Student# _____	Start Date _____	Date rec'd at transportation _____	
AM Route# _____	PM Route# _____	SDC Student _____	