

**Belen Consolidated Schools**  
**Student Ridership Information – School Year 2020-2021**

Date: \_\_\_\_\_

Program: 2020-2021 School Year

Student's Name: \_\_\_\_\_  
Last Name First Name MI

Student's Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: M F  
(Circle One)

Birth date: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Medical Alerts: \_\_\_\_\_

*Please Note: A parent/guardian must be present and in view of the bus driver at the bus stop when Kindergarten and/or Pre-school students are picked up or dropped off. If no parent/guardian is at the bus stop to receive their student, the student will be returned to their school of attendance. In addition, due to the current emergency situation, a Parent or Guardian of all Elementary Students must be present at the am bus stop until their student is cleared for Transport and the Bus pulls away.*

**Parent Information:**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact (non-parent) \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_ 2nd # \_\_\_\_\_

I hereby authorization the Transportation of the above-named student and agree that my student will abide by the Bus Safety Rules set forth by the Belen Consolidated School District. Failure to comply with the Bus Safety Rules may result in suspension of Transportation Privileges.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return to: [busridership@beleneagles.org](mailto:busridership@beleneagles.org) or Fax: 505/966-1185

**Transportation Department Use Only**

Driver: \_\_\_\_\_ Bus #: \_\_\_\_\_ Dropped Bus #: \_\_\_\_\_

Pickup Time: \_\_\_\_\_ Drop-off Time: \_\_\_\_\_

Bus Stop Location: \_\_\_\_\_

Special Instructions: \_\_\_\_\_