



Bus Route (Office Use) _____

SCHOOL BUS TRANSPORTATION AGREEMENT

NOTE: IF YOUR STUDENT DOES NOT QUALIFY FOR FREE BUS SERVICE PLEASE FILL OUT THE PAID RIDER APPLICATION. STUDENTS USING DAY CARE, INCLUDING WESLEY KINDERGARTEN, WHO DO NOT QUALIFY FOR FREE BUS MUST PAY FOR TRANSPORTATION.

Student's Name _____

Home Address _____

Home Phone Number _____

School _____ **Grade** _____
(IF KINDERGARTEN AM OR PM)

PLEASE CHECK ONE:

- Our residence is 1.5 or more miles from school or in a State approved Safety Hazard Area.
No Charge

-Or-

- Field Trips Only – I will provide my own transportation. Student will ride the bus for field trips ONLY.**

If you are uncertain about your residence being more or less than 1.5 miles, or if you are uncertain whether your residence is in a State approved Safety Hazard Area, please see the reverse side for busing areas, or contact your school office.

BUS RIDER CONDUCT AGREEMENT

To help ensure the safety of each student, I agree to abide by the rules on the attached sheet. It is understood that I must conduct myself as a good citizen at all times on the bus and at the bus stop in order to keep the privilege of riding on the bus. I also consent to the use of audio/video tape devices which may be used from time to time to monitor student activity on the bus. By signing below you are agreeing to the District Policies found in the student handbook regarding Transportation, Bus Conduct and Use of Audio-Video Cameras on School Buses.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____