NEW BUS RIDER FORM			BUS #
STUDENT(	S) NAME _		GRADE
			GRADE
			GRADE
			GRADE
PARENT'S	NAME		TELEPHONE #
PHYSICAL	ADDRESS	OF BUS STOP LOCATION	
DESCRIPTI	ON OF HO	USE (Color, fence, unique land	scape, etc., to help driver locate):
HOW OFT	EN WILL	YOUR STUDENT(S) RIDE TI	HE BUS? (Please check all that apply)
DAILY		OCCASIONALLY	
MORNING		AFTERNOON	
Parent/Legal guardian Signature			Date