

# POLK SCHOOL DISTRICT

## BUS RIDER

## REGISTRATION FORM

STUDENT'S NAME: _____
STUDENT'S SCHOOL: _____
BUS NUMBER: _____
NOTES: _____
_____
_____
_____
This section is for Bus Driver use only.

Dear Parent or Guardian,

This registration form is very important to you, your child and the school system. The information provided here may be used to determine which bus your child rides, bus loading, possible bus route changes, and other items. Also, during emergencies, the information you provide on this form may be of vital importance. Please provide the information requested, sign the form and return it to the bus driver as soon as possible. If you have questions regarding any part of our pupil transportation program you may contact either the school office, the Polk School District Transportation Department at 770-684-8308 or the school system Central Office at 770-748-3821.

Thank you,  
Transportation Department

### **STUDENT INFORMATION**

NAME: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (nickname, if any) \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHILD'S SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

Please describe exactly and in detail how to get to and identify your house: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where will your child get on & off the bus?

(Note: This information is important to planning bus routes & loads. **Although it is highly discouraged because children tend to get lost,** you may find it necessary to request that your child get on or off the bus at a location different from their regular destination. *In such cases your child will need a written note. This note must be approved, signed by you and the principal and then presented to the bus driver each time a request is made.*)

### **STUDENT MEDICAL INFORMATION**

*(This information is requested for emergency purposes only not required.)*

Medical history (please describe any part of your child's medical history which might be important if first aid treatment was required.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current medication(s): \_\_\_\_\_

Drug allergies: \_\_\_\_\_

Child's or Family doctor: \_\_\_\_\_ phone: \_\_\_\_\_

### **NOTES**

1. Students are subject to code of conduct rules and bus rules while on the bus.
2. Only students and school system employees are allowed on school buses.
3. A video surveillance system is in use on the school system bus fleet.

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

**Home Phone:** \_\_\_\_\_ **Emergency phone:** \_\_\_\_\_

**Emergency contact person:** \_\_\_\_\_ **Relationship (if any):** \_\_\_\_\_