

BUS STUDENT INFORMATION FORM

2007-2008

PLEASE FILL OUT AND RETURN TO CHILD'S BUS DRIVER

Students Name: _____ Grade: _____

Mailing Address: _____

Physical Address: _____

School Attending: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Emergency #: _____

Does your child have any medical needs:

Daycare information:

Name _____ Phone#: _____

Address: _____

Please list all persons approved to pick up child: _____

All students are to be picked up and dropped off at approved district bus stops, for listings of assigned bus stops please go to www.saco.org. If there are any questions please call the transportation office at (207) 284-5959, or email us at bus@saco.org.

All information will be kept confidential.

Please read the attached RULES AND REGULATIONS and sign below

I have read and fully understand the Rules and Regulations pertaining to students who ride the School Bus.

Date: _____ Grade: _____

Parent's Signature: _____

Student's Signature: _____