

Midlothian ISD Transportation Eligible Rider Contract

→ 2022 - 2023 ←

STUDENT INFORMATION									
Last Name		First Name		MI	Commonly goes by		Gender M F		Date of Birth
Address (where student lives)					City		State		Zip
Alternate Address (<i>MISD Transportation approval required</i>)					City		State		Zip
		AM PM Both							
Campus	Grade	Student ID #	Student Cell #		Student will ride bus: AM & PM AM Only PM Only				
Medical Information (if applicable):									
Symptoms:									
Treatment:									
Any Additional Information:									
PARENT / GUARDIAN INFORMATION									
MOTHER / GUARDIAN					FATHER / GUARDIAN				
Last Name		First Name		Lives with Student Yes No	Last Name		First Name		Lives with Student Yes No
Address (if different from student's)					Address (if different from student's)				
City			State	Zip	City			State	Zip
Cell #		Home #			Cell #		Home #		
Work #		Preferred Method of Contact (circle one) Cell Home Work			Work #		Preferred Method of Contact (circle one) Cell Home Work		
Email Address					Email Address				
ALTERNATE EMERGENCY CONTACT INFORMATION									
#1 Last Name		First Name		Relationship	#2 Last Name		First Name		Relationship
Cell #		Home #			Cell #		Home #		
Work #		Preferred Method of Contact (circle one) Cell Home Work			Work #		Preferred Method of Contact (circle one) Cell Home Work		
<i>My parents and I have read and discussed the School Bus Rider's Safety/Instruction Handbook, and I pledge to abide by the contents and assist the driver to promote a safe environment to ensure a safe and expedient service. I also understand that all of the information provided above will be kept confidential and safe-guarded by the MISD Transportation Department, and will be used to contact the Parent/Guardian for student emergency/management purposes. I further understand School Bus service is a privilege, not a right, busing zones are subject to change, and I may be placed in a No Bus Service Zone at some point in the future. ID BADGES ARE REQUIRED AT ALL TIMES.</i>									
Please return this completed form to the Transportation office THREE (3) DAYS prior to needing transportation.									
Student Signature (Initials for Elementary Students)				Date	Parent Signature				Date

★★★ To be Completed by MISD Transportation Department ★★★							
AM Route:		Time		PM Route:		Time	
Alternate Address Request Approved: No Yes							by:
AM Route:		Time		PM Route:		Time	
Pick-up Stop				Drop-off Stop			