

NEW STUDENT RIDER FORM

School: _____ Date: _____ Time: _____

Student Name: _____

Route #: _____

Stop Location:

AM Stop Time: _____ PM Stop Time: _____

Student Address: _____

Parent/Guardian: _____

Home Phone Number: _____

School Official Signature

Please Print Name

---REMEMBER---

****School personnel are responsible for identifying each new student to the driver.****

*****Driver is responsible for seating new students at the front of the bus on the 1st day to ensure usage of the correct bus stop. *****