

**Rincon Valley Union School District
School bus passes application form**

Today's date: _____ School of attendance _____

Child's Name _____ Grade _____ Teacher _____

Home address _____

Mailing address (if different) _____

Bus Stop _____

Mother's Name _____ Address _____

Home Phone # _____ work # _____ Cell# _____

Father's Name _____ Address _____

Home phone # _____ work # _____ Cell # _____

Emergency Contacts

In case of an emergency you may contact the following persons if I am not available.

1. Name _____ Phone # _____ Address _____

Relationship to child _____ work # _____ Cell # _____

2. Name _____ Phone # _____ Address _____

Relationship to child _____ work # _____ Cell # _____

My child has special needs / allergies or other medical problems the bus driver should know about.
(explain) _____

Transportation use only
Student # _____ Start date _____ Date rec'd at transportation _____
AM Rte. # _____ PM Rte. # _____ SDC student _____