



BUS RIDER / CAR RIDER INFORMATION



Child's name: _____ Date of Birth: _____

Child's grade _____ Effective Date _____ / _____ / 2016-2017

Telephone number: _____ Cell: _____

To School

Car Rider

Bus Rider

Address _____

From School

Car Rider

Bus Rider*

Address _____

*** ATTENTION BUS RIDERS - STUDENTS ENROLLED IN 2nd GRADE or BELOW:**

Barbers Hill ISD considers all students' safety a priority. If your child is enrolled in 2nd grade or below, he/she must be met at the bus stop by an adult 18 years or older. In certain circumstances, siblings may accompany the student off the school bus. If your child will be accompanied off the school bus by a sibling, please fill out acknowledgement below.

I understand and acknowledge the District's procedure concerning the safety of my child. I give permission to the following sibling(s) to accompany my child off the school bus for the 2016-17 school year.

Sibling: _____ Grade: _____

Sibling: _____ Grade: _____

Parent Signature: _____ Date: _____

For Office use only

Bus # _____ Run # _____