

Route: _____ Driver _____

Student's Name _____ Grade _____

Junction Independent School District
Bus Rider Registration Form

Student's Name			
Student's Address			
Student's Home Phone:			Student's Cell Phone:
1 st Parent or Guardian's Name:			
Relationship to Student:			
Address:			
Home Phone:		Cell Phone:	
2 nd Parent or Guardian's Name:			
Address:			
Relationship to Student:			
Home Phone:		Cell Phone:	
Alternative Contact if no one is present to pick up your bus rider/student:			
Relationship to Student:			
Address:			
Home Phone:		Cell Phone:	
Please provide any other reasonable instruction for JISD bus route driver's to follow regarding your child being picked-up and dropped-off. Keep in mind this is a bus route involving other parents and students. JISD Employees will make every reasonable effort to ensure your child's safety while maintaining their regular time schedule. This form must be signed and returned to the bus route driver two days after the documented date of delivery to you.			

Parent/Guardian's Signature _____

Date _____