

MIDLOTHIAN I.S.D. TRANSPORTATION SCHOOL BUS RIDER'S CONTRACT 2011-2012

STUDENT NAME (please print) Nombre de Estudiante _____

Student ID # _____

Home Address: _____ TX. _____
Direccion STREET/Calle CITY/Ciudad ZIP CODE/zona postal

pick-up address/direccion para llevarlos _____

delivery address/ direccion para dejarlos _____

SCHOOL/ Escuela _____

GRADE/ Grado _____

PARENT/GUARDIAN SIGNATURE/Firma del padre/guardian _____

HOME TELEPHONE/Telefono de Hogar _____

WORK TELEPHONE/Telefono del Trabajo _____

THIS INFORMATION IS NEEDED IN ORDER FOR THE BUS DRIVER TO NOTIFY THE PARENT/
GUARDIAN OF ANY BUS SAFETY RULE VIOLATION.

Se Requiere esta informacion en orden que el chofer del autobus notifique a los padres/guardians do
alguna violacion de las reglas de seguridades del autobus.

PARENTS, IF YOU HAVE ANY MEDICAL INFORMATION ABOUT YOUR CHILD THAT YOU FEEL IS
NECESSARY FOR THE DRIVER TO HAVE, PLEASE NOTIFY THE TRANSPORTATION OFFICE AT
972-775-1805. EXAMPLES: DIABETICS AND SEIZURES.

**PLEASE RETURN THIS SHEET TO THE BUS DRIVER WITHIN THREE DAYS OF
RECEIPT.**

Por Favoe de regresar esta hoja al chofer del autobus dentro de tres dias.

To Be Completed by Transportation

A.M. Route _____ SEAT # _____ P.M. Route _____ SEAT # _____