

Bus Rider Transportation 2021-22

Student Name: _____ Student #: _____

School: _____ Grade: _____

Primary Address: _____

Will this student require RPS Bus service? _____ (yes or no)

Please complete the information below regarding your student's transportation needs by entering the number next to each day AM and PM using the key below:

1 = Bus – Home Primary Address	2 = Bus – Home Secondary Address	3 = Daycare
4 = Car Rider	5 = Walker	6 = Driver

Monday AM:		Monday PM:	
Tuesday AM:		Tuesday PM:	
Wednesday AM:		Wednesday PM:	
Thursday AM:		Thursday PM:	
Friday AM:		Friday PM:	

If secondary address is selected below, please enter the address information here:

Name of adult: _____ Relationship to Student: _____

Full address: _____

Was Daycare Selected for any day listed above? _____ (yes or no) If yes: Daycare Information:

All students must be accompanied by an adult from the bus stop. If there is not responsible adult to meet the student, the student will remain on the bus and returned to school where a parent can pick them up.

My student can be dropped off WITHOUT an adult present at the bus stop: _____ (yes or no)

If NO, please list adults who may pick up the student from the bus stop:

My child has the following medical conditions that may require immediate attention (911) on the school bus:

Epi-Pen		Epi-Pen Jr		Asthma		Diabetes		Seizures	
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Additional Comments

Parent/Guardian Signature

Relationship to student

Date

Transportation Contacts: phone (573) 458-0125 fax (573) 458-0125

Director: Loretta King – king@rolla31.org Administrative Assistant: Paula Vandegriffe – pvandegriffe@rolla31.org