



MONROE CITY SCHOOL BUS REGISTRATION

Name: _____ Bus#: _____

Address: _____

School: _____ Grade/School: _____

Name of Parent/Guardian: _____

Home Phone: _____ Work Phone, Father: _____ Work Phone, Mother: _____

Person to contact In case of Emergency: _____ Phone Number: _____

Pertinent Health Information that the driver should know about: _____

For All Students:
I have read and understand the Regulations For Students Riding Buses and agree, as a passenger, to abide by said Regulations.

For the Parent/Guardian:
I have read and understand the Regulations For Students Riding School Buses and agree to assume full responsibility for my child's conduct on said buses.

Student's Signature/Date

Parent/Guardian's Signature/Date

Please sign and return to the bus driver immediately in order for your child to continue riding the school bus. Thank you.