

SWEENEY INDEPENDENT SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
STUDENT INFORMATION SHEET
RETURN TO BUS DRIVER A.S.A.P.

DATE: _____

In case an emergency should arise on the bus, the following information is needed in order to contact a parent or guardian.

Bus privileges will be denied if this form is not returned within 1 week of receipt.

BUS ROUTE # _____

Please fill out and return this completed form to the bus driver as soon as possible. It is a state requirement that we have this information on file.

NAME _____ GRADE _____

NAME _____ GRADE _____

NAME _____ GRADE _____

NAME _____ GRADE _____

NAME _____ GRADE _____

NAME _____ GRADE _____

NAME _____ GRADE _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS _____

PHONE: HOME _____ WORK: _____

IN CASE OF EMERGENCY CONTACT : _____

PHONE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

PRINTED NAME OF PARENT OR GUARDIAN _____

PLEASE COMPLETE ALL AREAS OF THIS FORM AND RETURN IT TO THE BUS DRIVER. ASAP
