



MOUNT SHASTA UNION SCHOOL DISTRICT STUDENT BUS PASSENGER CARD

TO AND FROM SCHOOL (NOT FOR FIELD TRIPS)
PLEASE RETURN ONE CARD PER FAMILY

Child's Full Name: _____ Teacher: _____ Grade: _____

Child's Full Name: _____ Teacher: _____ Grade: _____

Child's Full Name: _____ Teacher: _____ Grade: _____

Child's Full Name: _____ Teacher: _____ Grade: _____

Child's Full Name: _____ Teacher: _____ Grade: _____

Parent/Guardian(s): _____

Street Address: _____

Phone #: _____ Parent Cell #: _____ Alternate #: _____

Emergency Contact Information

Name: _____

Name: _____

Phone #: _____

Phone #: _____

Please provide contact numbers where you or an emergency contact can be reached in the event of a one bus run, late bus due to weather conditions or road construction, if there is no bus available, or other issues.

AM Bus Stop Name and number: _____ Bus #: _____

PM Bus Stop Name and number: _____ Bus #: _____

(Please refer to the attached bus schedule)

For Board Policies and Regulations in regards to Bus Rules and Student Conduct, go to mountshastausd.com.

I give my permission for my student(s) to ride the Mount Shasta Union School District buses to and from school *after reviewing the regulations with them.*

Parent/Guardian Signature _____

Date _____