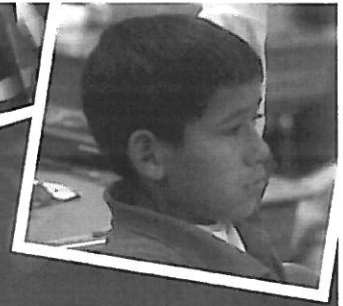


Riverbend PREP



5625 S. 51st Ave.
Laveen, AZ 85339
602-285-3003 | www.riverbendprep.org



School Bus Registration Form

I, _____ give permission for _____
Parent / Guardian Name **Student's Name**

to ride the Riverbend Prep school bus.

Please note days and times your child will ride the bus (check all that apply):

<input type="checkbox"/> Monday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Thursday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Tuesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Friday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Wednesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM			

Parent/Guardian Contact Information in the case we need to reach you regarding a transportation issue:

_____ (primary) _____ (secondary)

Individuals, other than parent, authorized to pick up child:

1. Name: _____ Phone Number: _____

Relationship: _____

2. Name: _____ Phone Number: _____

Relationship: _____

Students will NOT be released from the bus unless a parent/guardian or authorized individual is at the stop to meet the student unless specified below.

My child, _____, is in the Third Grade or above and may be released from the bus without a parent/guardian or authorized individual at the stop.

Parent/Guardian signature _____

Parent Signature: _____ **Date:** ____/____/____

Please note any change to the above bus schedule must be made in writing and delivered to the front office staff.

BUS STOP PICK-UP LOCATION

BUS STOP DROP-OFF LOCATION