

Mid Columbia Bus Company Student Transportation

****ALL PRINT MUST BE LEGIBLE FOR FORM TO BE VALID****

Office use only: Route number # _____ Bus Stop Location: _____
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Print Names of all Students in your household who will be riding the bus this school year (use additional form if needed)

	Name: (First & Last)	Date of Birth:	Grade:	School Attending:
Student #1				
Student #2				
Student #3				
Student #4				

Parent/Guardian Contact Information

In the event of an emergency, Mid Columbia Bus personnel will attempt to make contact using phone numbers listed in order

Parent/Guardian Name:	Phone Number:
Parent/Guardian Name:	Phone Number:
Physical Home Address:	Drop off location:
Daycare Providers Information:	Additional Notes:

****KINDERGARTEN ONLY****: There must be a parent/guardian present every time your student is released from the bus

Please list below the alternative caregiver(s) that we may release your student to at the bus stop (siblings 6th grade or up must also be listed)

Name:	Phone:
Name:	Phone:

Parent/Guardian Signature: _____ **Date:** _____

Questions? Contact Candy Garcia, E-mail: Candy.garcia@midcobus.com

Phone: 541-929-5474

This form may be dropped off at: 6995 SW West Hills Rd. Corvallis, Or 97333