

Phone: (760)335 -5200 Fax: (760) 352-4398 www.muesd.net

## Bus Ridership Application for Students 2022-2023 School Year

Student Name:	Grade:	Teacher:
If approved, I would like my child to rid	de his/her new bus route on:	
Day(s) of the Week:		AM PM
Beginning on:		_
I am requesting bus ridership privileges for th	e above-named student for the	ne school year <u>ending June 8, 2023,</u>
subject to the following terms:		
<ul> <li>Bus ridership is only within t</li> </ul>	he school district and at distr	ict-approved bus stops.
<ul> <li>Bus ridership is subject to but</li> </ul>	us space availability and may	be revoked at any time.
<ul> <li>Bus ridership must be renew</li> </ul>	ed annually prior to the first	day of the school year.
<ul> <li>Students on approved interd to and/or from school.</li> </ul>	istrict petitions are not perm	itted to use the bus as transportation
PARENT PORTION:		
Bus ridership is to a:	_ Child/Day Care Pr	ovider Relative
I, the parent/guardian of the above-menti the McCabe School District and agree to f District; and thus, would request that my of Parent Name:	follow the Transportation Fishild be transported to the	Policy and rules of the McCabe School facility/home listed below:
Home Address:		
Parent Contact Phone Numbers:		
Parent/Guardian Signature:		Date:
CHILD CARE PROVIDER or RELATIVE	PORTION:	
l,, Name of Provider	accept full responsibility a	nd liability for the child named above
at my day care center or residence located		
Address:	Relations	hip to Child:
Provider Signature:	Date:	
For office use only: Home Gate: Ridersh	ip Gate: Approved I	by: Date: