



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

## Bus Ridership Application for Students 2023-2024 School Year

(Please return this form to Cecy Hernandez at <a href="mailto:cecy.hernandez@muesd.net">cecy.hernandez@muesd.net</a> or to the McCabe District Office.)

Student Name:	Grade:	Teacher:	
If approved, I would like my child to	ride his/her new bus route o	n:	
Day(s) of the Week:		AM	PM
Beginning on:			
I am requesting bus ridership privileges for	r the above-named student fo	or the school year <u>en</u>	ding June 6, 2024,
subject to the following terms:			
→ Bus ridership is only withir	n the school district and at dis	strict-approved bus s	stops.
→ Bus ridership is subject to	bus space availability and ma	ay be revoked at any	time.
<ul> <li>Bus ridership must be rene</li> </ul>	ewed annually prior to the firs	st day of the school y	year.
✓ Students on approved inte to and/or from school	erdistrict petitions are not periol.	mitted to use the bu	s as transportation
PARENT PORTION:			
Bus ridership is to a:	Child/Day Care I	Provider	Relative
I, the parent/guardian of the above-mer the McCabe School District and agree to District; and thus, would request that my Parent Name:	o follow the Transportation	n Policy and rules one facility/home list	of the McCabe School ed below:
Home Address:			
Parent Contact Phone Numbers:			
Parent/Guardian Signature:		Date:	
CHILD CARE PROVIDER or RELATI	IVE PORTION:		
I,	, accept full responsibility	y and liability for the	e child named above
at my day care center or residence locate			
Address:	Relation	nship to Child:	
Provider Signature:	Date: _		
For office use only: Home Gate: Rider	rship Gate: Approve	ed by: Do	ate: