

## Bus Ridership Application for Students 2024-2025 School Year

(Please return this form to Cecy Hernandez at [cecy.hernandez@muesd.net](mailto:cecy.hernandez@muesd.net) or to the McCabe District Office.)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

If approved, I would like my child to ride his/her new bus route on:

Day(s) of the Week: \_\_\_\_\_ AM \_\_\_\_\_ PM

Beginning on: \_\_\_\_\_

I am requesting bus ridership privileges for the above-named student for the school year ending June 5, 2025, subject to the following terms:

- ✓ Bus ridership is only within the school district and at district-approved bus stops.
- ✓ Bus ridership is subject to bus space availability and may be revoked at any time.
- ✓ Bus ridership must be renewed annually prior to the first day of the school year.
- ✓ Students on approved interdistrict petitions are not permitted to use the bus as transportation to and/or from school.

### PARENT PORTION:

Bus ridership is to a: \_\_\_\_\_ Child/Day Care Provider \_\_\_\_\_ Relative

I, the parent/guardian of the above-mentioned child, understand the above rules for bus ridership within the McCabe School District and agree to follow the Transportation Policy and rules of the McCabe School District; and thus, would request that my child be transported to the facility/home listed below:

Parent Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent Contact Phone Numbers: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CHILD CARE PROVIDER or RELATIVE PORTION:

I, \_\_\_\_\_, accept full responsibility and liability for the child named above  
Name of Provider  
at my day care center or residence located at:

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only: Home Gate: \_\_\_\_\_ Ridership Gate: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_