

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

## Bus Ridership Application for Students 2021-2022 School Year

Student Name:	Grade:	Teacher:
If approved, I would like my child to ride hi	s/her new bus route	e on:
Day(s) of the Week: AM PM		AM PM
Beginning on:		
am requesting bus ridership privileges for the above-named student for the school year ending June 10, 2022,		
subject to the following terms:		
<ul> <li>Bus ridership is only within the school district and at district-approved bus stops.</li> <li>Bus ridership is subject to bus space availability and may be revoked at any time.</li> </ul>		
<ul> <li>Students on approved interdistrict petitions are not permitted to use the bus as transportation to and/or from school.</li> </ul>		
PARENT PORTION:		
Bus ridership is to a: C	Child/Day Care	Provider Relative
Home Address:	w the Transportation be transported to	ion Policy and rules of the McCabe School the facility/home listed below:
Parent Contact Phone Numbers:		
Parent/Guardian Signature:		Date:
CHILD CARE PROVIDER or RELATIVE PO	RTION:	
I,, acce at my day care center or residence located at:	ept full responsibil	lity and liability for the child named above
Address:	Relat	tionship to Child:
Provider Signature:	Date	::
For office use only: Home Gate: Ridership	Gate:	Approved by: Date: