## White Pigeon Community Schools Transportation Department

(269) 483-7439



Please fill in this form completely. It is very important for our office to have the most up to date information on all of the students we transport. If you have *any changes* during the year, such as telephone number, etc., please let our office know ASAP. Also, please review the attached bus rules and consequences for breaking the rules, with your child(ren) and sign below. Keep the rules for future review and return this sheet to the bus driver. Thank you.

LIST ALL YOUR CHILDREN THAT ARE ATTENDING WHITE PIGEON SCHOOLS.

NAME OF STUDENTS	GRADE	BUS NUMBER
(PARENT / GUARDIAN NAME) (HOUSE NO, &	STREET ADDRESS)	(HOME PHONE)
(DIRECTIONS TO YOUR HOME)		
(NAME OF AN EMERGENCY PERSON)  LIST ANY OTHER IMPORTANT INFORMATION that	would pertain to your child/	(PHONE NUMBER)
name, address and phone number, is this for a.m., p.n place if we have an unexpected early dismissal. Is the driver should be aware of, etc. If you need additional	n. or both. Should your chike ere any medical information	d(ren) go to a different on or condition that the
I HAVE REVIEWED THE BUS RULES AN	D PROCEDURES WITH	MY CHILD(REN).
(Date)	(Parent / Gu	ardian Signature)