REQUEST FOR STUDENT SCHOOL BUS TRANSPORTATION

	<u>PLEASE</u>	PRINT	Student I.D. Number		_ Route No	
				(If known)	(Trans. Dept. Use)	
Student Name	:G (As registered in school)		Age: (Prefers to be called)	School	Grade	
	(As registered in school)	(Prefers to be called)		Tri I G	
Address:		!	Primary Phone:		Ethnic Group 1. American Indian	
			-		2. Asian/Pl	
Bus Stop:	(Pick up/drop off location; intersection, e	<i>F</i> etc.)	Alternate Phone:		— 3. Afr. American	
				4. Hispanic		
TO:	PARENTS/GUARDIANS OF STUDENT	'S DESIR	RING TO RIDE A SCHOOL B	US	5. Caucasian6. Other	
the time to rea your child rides and view the co for your child. S student must so *In order for	opy of "SCHOOL BUS REGULATIONS A lid this and discuss it with your child." By requesting school bus transportation onduct of your child. Your cooperation with the search belt use continues to be encouraged belt use school year which a new slip for each new school year your child to be considered for bus of the state. Thank you!	Video rec n, you gra th us in th ged for A r. The pri	cording and monitoring system ant Denison ISD personnel and his matter will help make it po ALL passengers. Please keet or year's slip will no longer be	ns are installed on so nd concerned others assible to provide saf- ep the attached inform e valid. Only one study	chool buses and may be in use when the right to photograph, film, recorde, reliable, and efficient transportal mation for further reference. Each dent per request for transportation	
Parent/Guardian Signature Parent/Guardian Name (PLEASE PRINT)				Student Signature Date:		
Student Name	<u>PLEASE PRI</u>	<u>N I</u> oes by _	Student I.D. Number	(If known)	Route No(Trans. Dept. Use)	
	(As registered in school)		Prefers to be called)			
					Ethnic Group	
Address:		I	Primary Phone:		1. American Indian	
Bus Stop:		/	Alternate Phone:		2. Asian/Pl 3. Afr. American	
	(Pick up/drop off location; intersection, e	etc.)			4. Hispanic	
TO:	PARENTS/GUARDIANS OF STUDENT	S DESIF	RING TO RIDE A SCHOOL B	US	5. Caucasian	
FROM:	DIDECTOR OF TRANSPORTATION	D	1.1	. 4	6. Other	
Attached is a co the time to rea your child rides and view the co for your child. S student must so *In order for	DIRECTOR OF TRANSPORTATION — opp of "SCHOOL BUS REGULATIONS A lid this and discuss it with your child." By requesting school bus transportation onduct of your child. Your cooperation with Seat belt use continues to be encouraged belt use should be considered for bus style. Thank you!	ND PRO Video red n, you gra th us in th ged for A r. The pri	CEDURES" regarding the co cording and monitoring syster ant Denison ISD personnel an his matter will help make it po ALL passengers. Please ke or year's slip will no longer be	nduct of students whome are installed on some concerned others assible to provide safeep the attached inforce valid. Only one students	chool buses and may be in use whethe right to photograph, film, recole, reliable, and efficient transportation for further reference. Each dent per request for transportation	
	Parent/Guardian Signature			Student Signature	Date:	
Parer	nt/Guardian Name (PLEASE PRINT)					