



PLACE PHOTO HERE

2007-2008 VICTOR ELEMENTARY SCHOOL DISTRICT BUS PASS APPLICATION

STUDENT NAME (Print) _____ SEX _____ GRADE _____
 HOME ADDRESS _____ Rd _ Dr _ St _ Ave _ Ln _ Wy _ Cr _ Ct _
 APT OR SPC _____ CITY _____ ZIP CODE _____
 HOME PHONE _____ BIRTHDATE _____
 ANY MEDICAL CONDITIONS THE DRIVER SHOULD BE AWARE OF: _____
 PARENT/GUARDIAN NAME (Print) _____
 MAILING ADDRESS _____ CITY _____ ZIP CODE _____
 CELL PHONE # _____

EMERGENCY CONTACT _____ PHONE _____
 HOME ADDRESS _____
 EMERGENCY CONTACT _____ PHONE _____
 HOME ADDRESS _____

ALTERNATE BUS STOP _____ AM ___ PM ___ M ___ T ___ W ___ T ___ F ___
 ALTERNATE BUS STOP _____ AM ___ PM ___ M ___ T ___ W ___ T ___ F ___
 REASON FOR ALTERNATE BUS STOP _____

SCHOOL USE ONLY:
 SCHOOL SITE NAME _____ SCHOOL ID # _____ PLATT # _____
 VESD STUDENT ID # _____ KINDERGARTEN AM _____ PM _____
 ASSIGNED BUS STOPS _____

INSTRUCTIONS:

Complete an application for EACH Bus Rider and return it to the School with a small I.D Photo of the student attached to the form. Errors or omission will cause a delay in the issuance of a Bus Pass. A \$5.00 fee will be charged for any replacement of the Bus Pass. Along with the application, I have also received an informational letter and a copy of the Victor Elementary School District's Transportation Handbook.

SIGNATURE _____ DATE _____