



# Transportation Services

Mailing Address: 3101 Redding Avenue, Sacramento, CA 95820

(916) 277-6700 – Fax: (916) 277-6630

## Rider-Ship Application

Route #

School of Attendance: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID #: \_\_\_\_\_

School Year \_\_\_\_\_

Please return this form to the school bus driver or school site main attendance office. The form must be completed and signed by the parent or guardian. You may also elect to mail the completed application to the above listed mailing address. (PLEASE INCLUDE ROUTE NUMBER).

Please Print Legibly

Student Name: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

\_\_\_\_\_  
(Home Address) (City) (State) (Zip Code)

If you are a returning student to the above named school, indicate the location of your last bus stop.

What is the nearest major cross street to your home? \_\_\_\_\_

I have received the attached rules from Transportation Services and have shared them with my student.

\_\_\_\_\_  
(Parent/Guardian Printed Name) (Parent/Guardian Signature - required)

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Pager/Cellular Number (optional): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In the event of an emergency please indicate person(s) (if parent/guardian cannot be reached) to contact.

Emergency Contact Person Primary (to be called first): \_\_\_\_\_

Primary Emergency Contact Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Person Secondary (to be called second): \_\_\_\_\_

Primary Emergency Contact Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Transportation is not provided for families choosing to attend another school outside of their home school attendance boundaries.

*Transportation Use Only*  
Red Light Escort  Yes  No Approved:  Denied:  Walking Distance:  Not Attendance Area: