



# MONROE CITY SCHOOL BUS REGISTRATION

Name: \_\_\_\_\_ Bus#: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade/School: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone, Father: \_\_\_\_\_ Work Phone, Mother: \_\_\_\_\_

Person to contact In case of Emergency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pertinent Health Information that the driver should know about: \_\_\_\_\_

\_\_\_\_\_

For All Students:  
I have read and understand the Regulations For Students Riding Buses and agree, as a passenger, to abide by said Regulations.

For the Parent/Guardian:  
I have read and understand the Regulations For Students Riding School Buses and agree to assume full responsibility for my child's conduct on said buses.

\_\_\_\_\_  
Student's Signature/Date

\_\_\_\_\_  
Parent/Guardian's Signature/Date

Please sign and return to the bus driver immediately in order for your child to continue riding the school bus. Thank you.