

FRANKLIN ELEMENTARY SCHOOL BUS RIDER INFORMATION FORM

Parent/Guardian Name

Address

Phone Number

Children:

Grade Level:

Our current bus stop is: _____

____ My child(ren) will ride the bus before AND after school

____ My child(ren) will ONLY ride the bus before school

____ My child(ren) will ONLY ride the bus after school

____ My child(ren) will ride the bus EVERY DAY

____ My child(ren) will ride the bus on the following days:

Monday____ Tuesday____ Wednesday____ Thursday____ Friday____

Other Instructions _____

Parent/Guardian Signature