

Grant Parish Bus Driver's Emergency Student Information

Bus # _____ Bus Driver _____ School _____ Grade _____

To help us provide safe and efficient transportation services for your child, we are asking that you provide the information listed below. Please have your child return this form to his/her bus driver as soon as possible.

PLEASE PRINT

Student's Name:

First: _____ Middle: _____ Last: _____

Address: _____

Parent/Guardian Name: _____

Home #: _____ Work #: _____ Cell #: _____

EMERGENCY CONTACTS

In case of an emergency, please provide information for someone that can be contacted when a parent/guardian cannot be reached.

First: _____ Middle: _____ Last: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

First: _____ Middle: _____ Last: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

First: _____ Middle: _____ Last: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

Please list below any additional information (special needs/concerns) you feel the bus driver should know regarding your child.
