



Transportation Services

Mailing Address: 3101 Redding Avenue, Sacramento, CA 95820

(916) 277-6700 – Fax: (916) 277-6630

Rider-Ship Application

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 Use Only

Red Light Escort Yes No Approved: Denied: Walking Distance: Not Attendance Area: