



SAN JUAN ISLAND SCHOOL DISTRICT

SCHOOL BUS RIDER INFORMATION

STUDENT'S NAME: _____

HOME ADDRESS: _____

BUS STOP (IF DIFFERENT THAN HOME ADDRESS):

PARENT/GUARDIAN: _____

HOME PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT PERSON: _____

HOME PHONE: _____ WORK PHONE: _____

GRADE: _____

TEACHER: _____

ADDITIONAL INFORMATION: _____

RETURN TO BUS DRIVER OR OFFICE