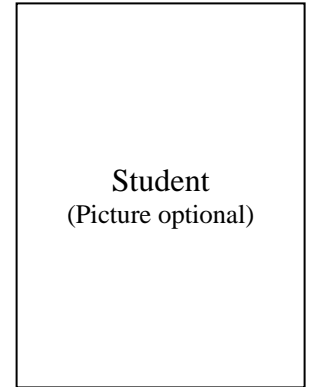


Mansfield ISD Transportation

“Eligible Rider’s Contract”



Student Information:

Student’s name (please print)

School

Grade

School Bus #:

Home address

City

_____, TX

Zip Code

Medical Information – Optional

Symptoms / Treatment of specified conditions – Optional

Parent / Guardian Information:

Father / Guardian

Mother / Guardian

Email

Email

Hm _____/Cell _____

Hm _____/Cell _____

Wk _____/Cell _____

Wk _____/Cell _____

Preferred Method / Time of Contact - Non Emergencies

Preferred Method / Time of Contact - Non Emergencies

Emergency Contact Information:

Name / Relationship

Name / Relationship

Hm _____/Cell _____

Hm _____/Cell _____

I/we have read and discussed the School Bus Rider’s Safety / Instruction Handbook, and we agree to abide by the expectations to promote a safe environment and efficient transportation service. I/we understand all of the information provided above will be kept confidential by the Transportation Department, and will be used to contact the parent / guardian for student management purposes and non-emergencies.