

BUS ROSTER FORM FOR DEKALB CO. SCHOOLS

****PLEASE RETURN TO BUS DRIVER****

BUS NO. _____ AM ____ PM ____

PRINT STUDENT NAME _____

PARENT/GUARDIAN NAME _____

BUS STOP ADDRESS _____

HOME PHONE # _____

CELL # _____

SCHOOL ATTENDING _____

GRADE ____ Homeroom TEACHER _____

*2nd Bus Stop Address On SAME Bus Route (baby sitter, grandparents, etc.)

Attached is a copy of school bus rules. Please go over them with your child & sign this form below, along with your child's signature to assure the driver that the rules have been read & understood by you & your child. After this form is filled out please RETURN it to the BUS DRIVER.

DO NOT give this form to the teacher. It is very important for the driver to keep a record of all students riding the bus each year.

Parent Signature _____

Student Signature _____

Date _____

****FOR BUS DRIVER TO COMPLETE****

#Miles on bus-from bus stop to school _____

Bus Seat # _____