

Dear Parents,

Please fill out the information below (list all students) and return this form back to the transportation department by: _____.

Please give to your driver or mail to:

Huron School District - Transportation Department PO Box 949 Huron, SD 57350
605-353-6989

It is very important that this is returned to us in case we need to contact you or your emergency contact. Thank you.

Student's Name	Gender	School Attending	Grade	Language*
1.				
2.				
3.				
4.				

*Speaks English Limited English Karen Spanish Other _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Mom's Cell: _____ Dad's Cell: _____

Mom's Work: _____ Dad's Work: _____

In case of an Emergency, who to contact:

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Cell: _____ Work: _____

OFFICE USE ONLY

Bus Stop Time AM: _____
AM Rt # _____ - _____ Transfer Rt # _____ - _____
PM Rt # _____ - _____ Transfer Rt # _____ - _____
Start Date: _____ AM _____ PM _____ Bus Stop Time PM: _____
Ride AM _____ PM _____ Initials: _____

Route # _____

Today's Date _____, 20____

2013-2014