

River Road ISD Transportation

(806) 383-3347 FAX (806) 381-8280

RICHARD KELLEY, SUPERINTENDENT

ANDY NIES, ASSISTANT SUPERINTENDENT

Student _____ School _____ Grade _____

Parent or Guardian _____ Cell _____ Work _____

Physical Home Address _____

(Must have Actual Address, House Number, and Street Name, No Route # or P.O. Box #)

E-Mail Address _____

Emergency Contacts:

Name _____ Telephone (____) _____ Cell _____

Name _____ Telephone (____) _____ Cell _____

****MEDICAL INFORMATION: PLEASE CHECK BOX LISTED BELOW IF THERE ANY MEDICAL CONDITIONS WHICH REQUIRE SPECIAL ACTION.**

YES ____ NO ____

PLEASE COMPLETE AND RETURN THIS FORM TO SCHOOL/DRIVER WITHIN 5 DAYS. The student will lose transportation services and the parent/guardian will be responsible for getting their student to and from school if we have not received the signed form within the 5 days.

Signature _____ Date _____

