

**River Road ISD**  
Central Administration Office  
9500 US 287 North  
Amarillo, TX 79108  
(806)381-7800 FAX (806)381-1357

*Richard Kelley, Superintendent*

*Andy Nies, Assistant Superintendent*

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Bus# \_\_\_\_\_

Physical Home

Address \_\_\_\_\_

Actual address, House number and street name(not route #'s or P.O. box #'s)

E-Mail address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contacts

Name: \_\_\_\_\_ Telephone#(\_\_\_\_) \_\_\_\_\_ Cell#(\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Telephone#(\_\_\_\_) \_\_\_\_\_ Cell#(\_\_\_\_) \_\_\_\_\_

Medical Information: Are there any medical conditions, which may require special action? \_\_ Yes \_\_ No

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Please complete and return this form to the school or bus driver within 5 days. If the school or Driver does not receive this form, the student will lose transportation services and the parent/guardian will be responsible for getting student to and from school

Signature \_\_\_\_\_ Date \_\_\_\_\_

