

# SHUTTLE BUS/RURAL ROUTE CONSENT FORM

This form is required for ALL Eudora Schools students each year. If your child will never be riding a district bus or shuttle before or after school (including occasional travel to or from a friend's or relative's house), you may skip to the opt-out area at the bottom of this form, check the appropriate box and sign.

A city-wide district shuttle bus system operates before and after school each day, with drop-off and pick-up points at each school, as well as the Eudora Recreation Center (16th and Elm) and a stop near 9th and Main. This shuttle is available at no charge to students who have a Transportation Request Form on file. For more information about the shuttle, call the Eudora Schools operations office at 542-4900.

Student name(s)	Rural A.M. pick up	Rural P.M. drop off	Grade	District shuttle
	Y / N	Y / N		Y / N
	Y / N	Y / N		Y / N
	Y / N	Y / N		Y / N
	Y / N	Y / N		Y / N

## Student rider information

Name of parent(s)/legal guardian(s) \_\_\_\_\_

Physical home address \_\_\_\_\_

Primary phone (\_\_\_\_) \_\_\_\_\_ Emergency contact phone (\_\_\_\_) \_\_\_\_\_

## Rural pick-up/drop-off address (including rural day care provider)

Will the bus **PICK UP** the student(s) at this address?  yes  no

Will the bus **DROP OFF** the student(s) at this address?  yes  no

Check one option:  The student **will** ride every day, unless we call 542-4900 by 6:30 a.m.

The student **will not** ride every day, unless we call 542-4900 by 6:30 a.m.

**NOTE:** Three (3) unsuccessful attempts to pick up a student will result in our buses no longer stopping at that address until we are contacted.

Name of person at rural pick-up/drop-off address \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Relationship to student (day care provider, grandparent, etc.) \_\_\_\_\_

Physical address \_\_\_\_\_

## Consent of parent/legal guardian

I grant permission for the child(ren) in my care to use the transportation services of Eudora Schools. I understand that a student's use of district transportation is a privilege and subject to the rules and regulations as determined by district officials. I also understand that transportation privileges may be discontinued at any time for disciplinary reasons or for a failure to comply with the information submitted on this form.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## Transportation opt-out

I do not grant permission for my child to ride any district transportation before or after school. I understand that I must resubmit this form before my child will be allowed to ride the bus at any time in the future, and I understand that the school district assumes no liability for unauthorized riders.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_