

(Driver Use Only) Driver's Name \_\_\_\_\_ Rt. No. \_\_\_\_\_

**Marysville Joint Unified School District Transportation Department**  
1919 B Street, Marysville, CA 95901 Phone: (530) 749-6189 Fax: (741-4112)

## **STUDENT BUS RIDER FORM**

2020/2021

**According to California State Department of Education Code Section 3981.5,**  
The Marysville Joint Unified School district requires that all student bus riders be identified,  
with a list kept on the school bus and in the Transportation Department office.

To accommodate this requirement, we respectfully request that the following form be filled out  
for each student and returned to the bus driver within the first week of riding.

**STUDENT NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**BUS STOP LOCATION:**

**A.M. STOP:** \_\_\_\_\_

**P.M. STOP:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**Print Name** \_\_\_\_\_

In addition to the above information we also request the names, phone number and relationships  
(i.e. friend, neighbor, etc.) of anyone who your child/children could be released to in the event  
that you cannot pick your child/children up in an emergency.

**Print Name** \_\_\_\_\_

**Phone No.** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Phone No.** \_\_\_\_\_