

2019-20 BUS APPLICATION
ST. HELENA UNIFIED SCHOOL DISTRICT
465 Main Street, St. Helena, CA 94574

This application must be completed each year and returned to your child's school (or to the District Office) if your child rides the bus to and/or from school:

Family Information:

Parent/Guardian Name: _____

Primary Contact Phone #: _____ Home Address: _____

Alternate Contact Phone #: _____

My child can be released to the following **ADULTS**: (They must have their ID to show the bus driver.)

_____, or _____
Last Name, First Name Last Name, First Name

Student Information:

Student Name: _____ **School:** _____ **Grade:** _____

1. _____
2. _____
3. _____

Additional comments/special requests:

Route
<input type="checkbox"/> V-26 (Wheel Chair Bus)
<input type="checkbox"/> T-15 (Lake Berryessa)
<input type="checkbox"/> T-14 (Deer Park / Angwin)

Frequency	
<input type="checkbox"/> Roundtrip	<input type="checkbox"/> AM Only
<input type="checkbox"/> Boys & Girls Club Only	<input type="checkbox"/> PM Only
<input type="checkbox"/> Other, Please Specify: _____	

Parent/Guardian Signature: _____ Date: _____