

KIEL AREA SCHOOL DISTRICT  
2017-18 School Year

**This form must be signed by parent and all students riding the bus and returned to the school bus driver within the first week of school.**

I have read and will obey the Kiel School Bus Riders Rules and Regulations, which were officially adopted by the school board of my school.

Parent/Guardian Signature \_\_\_\_\_

All Bus Rider Signatures \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**If your child(ren) is to be picked up and/or dropped off at a location other than your home residence, please provide the following information:**

**Pick-up Address:** \_\_\_\_\_

Name of Individual living at this address: \_\_\_\_\_

Phone Number of this individual: \_\_\_\_\_

**Drop-off Address:** \_\_\_\_\_

Name of Individual living at this address: \_\_\_\_\_

Phone Number of this individual: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

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