

Alpine Elementary School

District 7

P.O. Box 170, Alpine, AZ 85920

- 1) I give permission for my child, (name) _____
to be transported by person(s) authorized by Alpine School in the event that the bus
breaks down enroute or is otherwise not running due to mechanical failure.

Parent/Guardian Signature

Date

- 2) In the event of serious illness or injury of your child, school personnel will make every effort to contact you (parent), however, if the parents or guardian cannot be contacted, the school requests the parents' permission to take the child to the nearest medical facilities. Fill in and sign the following statement to grant the school this permission. If I, or other designated persons, cannot be located in case of an emergency, the school personnel of Alpine Elementary School has my permission to transport my child (name) _____ to the nearest available medical facilities.

Parent/Guardian Signature

Date

- 3) We are acknowledging by signing below that the parents and the student have read and understand the rules for riding any of the Alpine School buses, and know that riding the bus is a privilege that is continued through courteous and proper conduct prior to, during, and following the bus trip. Discipline will be handled through the Alpine Elementary School District #7 office, and could result in forfeiture of bus-riding privileges.

Parent Signature

Date

Parent Signature

Date

Student Signature

Date