



COLE COUNTY R-1 SCHOOL DISTRICT
TRANSPORTATION INFORMATION FORM

Cole County R-1 Elementary School
 13111 Park St., Russellville MO 65074

Cole County R-1 Jr./Sr. High School
 13600 Rt. C., Russellville, MO 65074

THIS SECTION IS USED FOR OFFICIAL USE ONLY
 Yes No

Parent/Guardian

By state law, all bus drivers must carry with them a roster of all students riding their bus. Please fill out the information below so that your student(s) will be included on the roster. It is the Parent/Guardian's responsibility to have your child at the designated bus stop at least 5 minutes before the morning pick-up time and drop-off time in the afternoon. This allows extra time for a safe pick-up and drop-off in case of unforeseen circumstances, road conditions, inclement weather, substitute drivers or mechanical problems.

STUDENT'S NAME	GRADE
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SIBLINGS

PARENT/GUARDIAN NAME

ADDRESS

CITY	STATE	ZIP-CODE
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HOME PHONE	CELL PHONE	WORK PHONE
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Does your student plan to use Cole County R-1 School District bus services throughout the year? Yes No

If yes, Cole County R-1 School District bus services will be used for the purpose of Pick up Drop Off Both

Before school my child will

Ride the bus from the following address ADDRESS

Car rider with the following person NAME OF PERSON STUDENT WILL RIDE TO SCHOOL WITH

Walk

After school my child will

Ride the bus to the following address ADDRESS

Car rider with the following person NAME OF PERSON STUDENT WILL RIDE TO SCHOOL WITH

Walk

ALTERNATE ROUTE

Students will only be allowed to ride one bus to one destination, either home or to an alternate site. We realize on occasion there will be a need for your child to ride a different bus or be dropped off at an alternate location. We ask that you attempt to keep this to a minimum. On the day that your child does need to be dropped off at a spot other than your home/babysitter, we ask that you inform the office as early as possible so personnel can prepare the bus pass. Building offices are very busy at the end of the day and waiting until then will cause delays in buses being able to depart from school. The alternate stop must be on an established route.

NAME	HOME PHONE	CELL PHONE
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ADDRESS	CITY
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This alternate address will be used for the purpose of Pick Up Drop Off

Each day your child will be sent home as you have indicated above. Please notify the school office with any changes that may occur in transportation and/or contact information.

PARENT/GUARDIAN SIGNATURE	DATE
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OFFICE USE ONLY

AM BUS #	AM PICKUP TIME	DRIVER
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PM BUS #	PM DROP OFF TIME	DRIVER
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