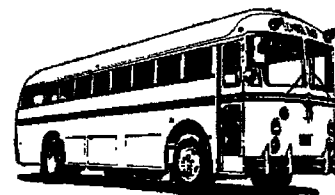


# TRANSPORTATION

SCHOOL YEAR 2011-2012

Irvine Unified School District

(949) 936-5370



Excerpts from Regulations governing Pupil Transportation:

Pupils must maintain order at all times and obey the instructions of the driver.

Bus Pass must be shown when requested.

Rides may be refused if Bus Pass is not presented.

Transfer of this Bus Pass automatically revokes all rights to its use.

All students transported in a school bus are under the direct authority of the driver.

## BUS PASS APPLICATION

Make Checks Payable to: **I.U.S.D.**

PLEASE PRINT

FOR TRANSPORTATION USE ONLY

■ Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 School \_\_\_\_\_  
 Bus Stop/Morning \_\_\_\_\_  
 Bus Stop/Afternoon \_\_\_\_\_  
 Home Ph. \_\_\_\_\_ Father's Work Ph. \_\_\_\_\_  
 Cell Ph. \_\_\_\_\_ Mother's Work Ph. \_\_\_\_\_

■ Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 School \_\_\_\_\_  
 Bus Stop/Morning \_\_\_\_\_  
 Bus Stop/Afternoon \_\_\_\_\_  
 Home Ph. \_\_\_\_\_ Father's Work Ph. \_\_\_\_\_  
 Cell Ph. \_\_\_\_\_ Mother's Work Ph. \_\_\_\_\_

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 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 School \_\_\_\_\_  
 Bus Stop/Morning \_\_\_\_\_  
 Bus Stop/Afternoon \_\_\_\_\_  
 Home Ph. \_\_\_\_\_ Father's Work Ph. \_\_\_\_\_  
 Cell Ph. \_\_\_\_\_ Mother's Work Ph. \_\_\_\_\_

	Receipt	Date	Amount
1st Semester	_____	_____	_____
2nd Semester	_____	_____	_____
1st Semester	_____	_____	_____
2nd Semester	_____	_____	_____
1st Semester	_____	_____	_____
2nd Semester	_____	_____	_____

**VIOLATION OF RULES OF CONDUCT WILL RESULT IN DENIAL OF TRANSPORTATION AS FOLLOWS:**

1st offense . . . . . warning/suspension  
 2nd offense . . . . . 3 days bus denial  
 3rd offense . . . . . 5 days bus denial  
 4th offense . . . . . Determined by Administrator/Transportation  
 Extreme Acts of Violence . . . . . Immediate bus denial

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

Parent/Guardian Name \_\_\_\_\_

PLEASE PRINT

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■ Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 School \_\_\_\_\_  
 Bus Stop/Morning \_\_\_\_\_  
 Bus Stop/Afternoon \_\_\_\_\_  
 Home Ph. \_\_\_\_\_ Father's Work Ph. \_\_\_\_\_  
 Cell Ph. \_\_\_\_\_ Mother's Work Ph. \_\_\_\_\_

■ Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 School \_\_\_\_\_  
 Bus Stop/Morning \_\_\_\_\_  
 Bus Stop/Afternoon \_\_\_\_\_  
 Home Ph. \_\_\_\_\_ Father's Work Ph. \_\_\_\_\_  
 Cell Ph. \_\_\_\_\_ Mother's Work Ph. \_\_\_\_\_

■ Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 School \_\_\_\_\_  
 Bus Stop/Morning \_\_\_\_\_  
 Bus Stop/Afternoon \_\_\_\_\_  
 Home Ph. \_\_\_\_\_ Father's Work Ph. \_\_\_\_\_  
 Cell Ph. \_\_\_\_\_ Mother's Work Ph. \_\_\_\_\_

	Receipt	Date	Amount
1st Semester	_____	_____	_____
2nd Semester	_____	_____	_____
1st Semester	_____	_____	_____
2nd Semester	_____	_____	_____
1st Semester	_____	_____	_____
2nd Semester	_____	_____	_____

If your child is picked up or dropped off at a sitter's, please fill in this section:

Morning

Afternoon

Sitter's Name \_\_\_\_\_

Sitter's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Ph. \_\_\_\_\_

Home Ph. \_\_\_\_\_



Please Print

STUDENT EMERGENCY TRANSPORTATION CARD

- 1. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_
2. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_
3. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_
4. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_
5. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_
6. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Work Phone # ( ) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Work Phone # ( ) \_\_\_\_\_

Emergency Name(s) and Number of persons to contact:

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Relationship to student(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Relationship to student(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Relationship to student(s) \_\_\_\_\_



Please Print

STUDENT EMERGENCY TRANSPORTATION CARD

- 1. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_
2. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_
3. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_
4. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_
5. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_
6. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Work Phone # ( ) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Work Phone # ( ) \_\_\_\_\_

Emergency Name(s) and Number of persons to contact:

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Relationship to student(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Relationship to student(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Relationship to student(s) \_\_\_\_\_