## MOUNDRIDGE USD 423 2023-2024 TRANSPORTATION FORM

Student Name (Grade)		Parent / Guardian	
		Address	
<b></b>	( )		
	(()	Daytime Phone	
	( )	Cell Phone Other Info	
	( )	Other Inio	
Transp	oortation Start Date	Paid Amount	
		ROP-OFF LOCATIONS	
	`	ase check one) ections to your house from the 4-way stop:	
	In-Town Rider: Please designate if riding in the AM/PM or both (circle)		
	☐ Cradle to Crayons (7:40 AM / 3:35 PM)		
	☐ High School (7:42 AM / 3:37 PM)		
	☐ Elementary School (7:42 AM / 3:30 PM)		
	☐ Corner of South Christian & Grant (7:40 AM / 3:35 PM)		
	☐ Corner of Redbud & Koehn (7:40 AM / 3:35 PM)		
		·	
	☐ Ridgewood Entrance (7:	:36 AM / 3:40 PM)	
Special inforn	nation about student rider(s) - (i.e. m	nedical problems, etc. that the bus driver should aware of)	
being safe rid	ders. We expect the student's full coort all the students. We cannot allo	lways a major concern, we wish to stress the importance of cooperation because the driver's primary responsibility is to student behavior to distract the driver from carrying or	
responsible for	or their safety to and from the bus s	ill not be picked up or dropped off at your house, you ar top; this is especially important on inclement weather days sponsibility for your child's safety to and from the bus stop.	
Please sign Moundridge understand	e, KS. 67107 indicating that	s driver or to the District Office, 526 E. Cole, Box k the parent(s) and student(s) are aware of an	
**There is a fee of \$50/semester for each bus			
rider living 2.5 miles or less from the school and for all out of district students.		Parent/Guardian Signature	