

Mid-Columbia Bus Company

Twin Falls District School Bus Transportation Services

Complete if student is new to Twin Falls District or change of address or phone number

Student's Name _____ Grade _____

Address _____

Parent's / Guardian's Name _____

Home Phone # _____ Cell Phone # _____

Emergency Contact Name & Phone _____

Email _____

School Attending _____

_____ New Student to Twin Falls School District _____ Information Change

Transportation Needed

_____ Morning Only _____ Afternoon Only _____ Both Ways

Additional Students at Listed Address

(Full Legal Name) (Indicate school for each additional student)

1) Student Name _____ Grade _____ M / F School _____

2) Student Name _____ Grade _____ M / F School _____

3) Student Name _____ Grade _____ M / F School _____

4) Student Name _____ Grade _____ M / F School _____

5) Student Name _____ Grade _____ M / F School _____

By signing below, I acknowledge that I have received The Safe Bus Riding Rules and Regulations. I agree to be responsible for following all the rules and expectations of the school and Mid-Columbia Bus Company. I understand the consequences for failure to follow the rules and regulations.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Official Use Only

Am Route: _____ Pickup Time: _____

Pm Route: _____ Drop off Time: _____

Mid-Columbia Bus Company Revised 11/2017

