

**WEBB STREET SCHOOL  
BUS RIDER INFORMATION**

Effective date\_\_\_\_\_

First name\_\_\_\_\_ Last name\_\_\_\_\_

DOB\_\_\_\_\_ School/Teacher\_\_\_\_\_

AM Bus #\_\_\_\_\_ PM Bus #\_\_\_\_\_

Parents/Guardians\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip code\_\_\_\_\_

Home phone #\_\_\_\_\_ Dad's work #\_\_\_\_\_ Mom's work #\_\_\_\_\_

Directions\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Seizures\_\_\_\_\_ Medication\_\_\_\_\_ Asthma\_\_\_\_\_ Allergies\_\_\_\_\_ Diabetic\_\_\_\_\_

Mentally Handicapped\_\_\_\_\_ Autistic\_\_\_\_\_ BEH\_\_\_\_\_ EMH\_\_\_\_\_

Needs behavioral  
management\_\_\_\_\_ Blind/VI\_\_\_\_\_ Deaf/HI\_\_\_\_\_

Non-verbal\_\_\_\_\_ Wheelchair\_\_\_\_\_ Uses walker\_\_\_\_\_ Needs car seat\_\_\_\_\_

Needs harness\_\_\_\_\_ (Circle size:    small            medium            large            x-large)

Contact Person (other than parent)\_\_\_\_\_

Contact phone #\_\_\_\_\_ Phone #\_\_\_\_\_

Relationship to student\_\_\_\_\_

2<sup>nd</sup> contact person\_\_\_\_\_

Contact phone #\_\_\_\_\_ Phone #\_\_\_\_\_

Relationship to student\_\_\_\_\_