

FAMILY BUS INFORMATION (K-12)

Newark H.S., Millbrook Jr. High, Lisbon Grade, Newark Grade School

2019/2020 School Year

(check all that apply)

Student Name: _____ Grade _____ Walker _____ Reg. Bus _____
Bus to H.S. 1st hour - 8th gr. _____ Shuttle to and from NGS to MJH _____

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Bus to H.S. 1st hour - 8th gr. _____ Shuttle to and from NGS to MJH _____

Street Address: _____

Phone: _____

Parent Name: _____

Parent Signature: _____

My child (children) will ride the bus to and from the "designated stop" closest to his/her home on a consistent basis, and may also be transported by bus for any school related function (IE: fieldtrips, trips, FFA activities, band, chorus, sporting events, etc.)

My child (children) does not ride a bus on a daily basis to and from school, but can be transported by bus for any school related function (IE: field trips, FFA activities, band, chorus, sporting events, etc.)

PLEASE CALL 815-695-5164 IF ANY CHANGES IN YOUR CHILD'S TRANSPORTATION IS NECESSARY. Please do NOT make arrangements for your child to go to a friend's home after school on the school bus, unless it is an emergency. Due to capacity limits we may not approve this type of change.

NEWARK GRADE SCHOOL DISTRICT #66 / NEWARK HIGH SCHOOL DISTRICT #18

Bus Accident Policy

I/We, have received, read and understand the Newark Community High School District #18 "Bus Accident Policy".

SIGNATURE OF PARENT/GUARDIAN

DATE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

AFTER A BUS ACCIDENT PARENT REQUEST FORM

CHECK ONLY ONE BOX

YES

In the event of a school bus accident in which the Emergency Medical Service (EMS) personnel determine that at least one passenger has a significant injury and must be transferred to an appropriate hospital, I want my child (children) also transported to the hospital to be checked.

This decision is made even though the EMS personnel determine that my child (children) was (were) not injured and was (were) not to be sent to the hospital, I further agree that my request to send my child (children) will be at my expense and not at the expense of the school district.

NO

In the event of a school bus accident in which the Emergency Medical Service (EMS) personnel has determined that my child (children) was (were) **NOT** injured and was (were) **NOT** to be sent to the hospital, I give permission for the EMS personnel to release my child (children) to an authorized school official. I understand that my child (children) will be transported back to NCHS.

SIGNATURE OF PARENT/GUARDIAN

DATE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

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