



After School Program & Tutorials Bus Service



23/24 BUS RIDER INFORMATION

DATE _____

SCHOOL _____ DATE OF BIRTH _____ Age _____ GRADE _____ M/F _____

STUDENT NAME _____ STUDENT I.D. _____

ADDRESS _____

PARENT'S OR GUARDIAN _____

PHONE HOME _____ CELL _____ WORK _____

Does Your Child Have Any Medical Conditions We Should Be Aware of Y / N If Yes please explain

Student handbook can be located at www.lufkinisd.org under the Transportation tab.

NAME: _____ DATE _____



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