



## GUEST RIDER CONSENT FORM

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Notified by:

Phone  Text  Email

Host Student: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Confirmation of host parent:

Phone  Text  Email

This student has been approved to ride on the bus on: \_\_\_\_\_  
(date)

School Administrator Approval signature: De Stanley

**\*A copy of this form completed in full must be provided to the bus driver. This form shall be attached to the approved rider manifest\***