



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: _____

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