Needles Unified School District Transportation Dept.
1900 Erin Drive; Needles CA 92363
760-326-3865

School Bus Pass Application

School Name:	Grade:	Student ID#

(MOT Office Use Only)

Route:	Stop:

Please Print Legibly *Return this form to the school bus driver or school site main office. The form must be completed and signed by the parent or guardian. Keep in mind pick-up and drop-off locations will be the same.*

Applicant Information

Applicant Name:		Date of Birth:
Street Address:		
City:	State:	ZIP Code:
If you are a returning student to the school listed above, please indicate the location of your previous bus stop:		
What are the nearest cross streets to your home?		

Emergency Contact (In the event of an emergency, please indicate person(s) if Parent cannot be reached.

Primary Contact:	Phone Number(s):
Secondary Contact:	Phone Number(s):

Additional Information

Authorized Pick-Up Person (incl. Spouse, Relatives, or anyone else authorized):

Please note: Kindergarten students MUST be received by a parent/guardian at the bus stop. If no one is there to receive them, they will be returned to the school site.

I have received a copy of the Transportation Information Packet, including School Bus Rules and Seat Belt information from Needles Unified School District and have reviewed them with my student(s).

Parent/Guardian Information:	Signature:	
Contact Phone Number(s):	E-Mail:	Date:

It is your (Parent/Guardian) responsibility to notify school of any changes.

AM PICK-UP ☐ **YES** ☐ **NO** Bus Stop for AM & PM must be the same (Exception PM REC)

DROP-OFF INFORMATION

TK-3RD (TK students not eligible for REC)

☐ **Bus Home (Address above)**

☐ **Front circle pick-up** ☐ **Bus to REC**

4TH & 5TH

☐ **Bus Home (Address above)**

***All Applications have a minimum processing time of 5 Days, depending on route. Applicant will be notified of accepted application by the Transportation Department to schedule first pick-up/drop-off date.**

Transportation Use Only

Red Light Escort: ☐ **Yes** ☐ **No** **Approved:** ☐ **Denied:** ☐ **Walking Distance:** ☐

Start Date: _____