Columbia School District 2026-2027
Bus Rider Registration Form

PLEASE RETURN TO TRANSPORTATION DEPARTMENT

Student Name ____
Address ____
Zip Code______________ Phone ______________________ Grade ___________________
School Attending __________________________ Emergency Phone _____________________
Does student have any medical problems? Yes / No If Yes, Explain________________________
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Parents are requested to review the attached bus rider rules. Fill out and sign this form to register your child to ride the bus. After signing, return to your student's school or bus driver. (For those that have rode the bus in previous years please give to your student's driver)
I have reviewed the Bus Rider Rules with my child. We BOTH understand that the rules are for their safety.
Failure to follow these rules could result in their rider privileges being taken away.

Parent Signature ____

Requested Start Date ___________________________ FOR NEW STUDENTS - Please allow at least (3) days for the Transportation Department to receive and process your students information.

Fill out below ONLY if student will be getting on/off at another parents /sitters.
ONLY TWO BUS STOPS ALLOWED. If your student needs to be picked up or dropped off at another location besides the ones listed on this form, PLEASE have someone meet them at the bus stops provided. We can no longer do more than 2 stops for students.

______ ON ______ OFF _________BOTH (PLEASE CHECK ONE)

OTHER PARENT/SITTERS NAME ____

OTHER PARENT/SITTERS ADDRESS ____

PHONE ____
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TRANSPORTATION OFFICE USE ONLY:

Starting Date: ______________________ Bus Route # __________________
AM Pick Up Time ______________________ PM Drop Off Time _____________________