



NOTICE TO PARENTS

Dear Parent:

The School District of Wisconsin Rapids and the School District's bus contractors are committed to ensuring the health and safety of your child(ren) while traveling to and from school. You, as a parent or guardian, can voluntarily assist us by making pertinent medical conditions or personal information available to the bus drivers that would alert drivers to possible changes in a student's behavior.

PLEASE RETURN THIS FORM TO THE BUS DRIVER

* It is not necessary to complete and return this form if you feel there is no pertinent medical or behavioral information about your child the driver should be made aware of.

Sincerely,

Jody Gruber
Transportation Coordinator

BUS DRIVER STUDENT INFORMATION SHEET	
Name of parent/guardian:	
Address:	
School:	Grade:
Name of child:	Bus #:
Nature of medical/personal condition:	
Suggestions in aiding your child:	
Parent/guardian signature:	Date: