



## NOTICE TO PARENTS/GUARDIANS

Dear Parent/Guardian:

The School District of Wisconsin Rapids and its 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,

*Daniel Weigand*

Director of Transportation



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: