



## 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,

*Aaron Nelson*

Director of Transportation



| <b>BUS DRIVER STUDENT INFORMATION SHEET</b> |        |
|---|--------|
| 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:  |