

DORCHESTER SCHOOL DISTRICT TWO

Bus Rider Verification Form

39.40, Scho	ool Name:Date:
Student Name:	Grade:
Permanent R	Rider: Service Start Date
Temporary R	Rider: Dates Authorized to
Temporary R	Rider: Riding with
AM Route #:	Pick Up Address:
PM Route #:	Drop Off Address:
Administrator Name	e: Administrator Signature:
Bus Driver Signature	e:
*** Form must be signed	by a school administrator and presented to the bus driver before the student boards the bus.
*** Driver will be respon	sible to verify, sign and deliver this form to the Transportation Department.



DORCHESTER SCHOOL DISTRICT TWO

201	Bus Rider Verification Form		
Trod. Notes	School Name:	Date:	
Student Name:		Grade:	
Perma	nent Rider: Service	Start Date	
Tempo	orary Rider: Dates A	uthorized to	
Tempo	orary Rider: Riding v	vith	
AM Route #:		Pick Up Address:	
PM Route #:		Drop Off Address:	
Administrator	Name:	Administrator Signature:	
Bus Driver Sig	nature:		
*** Form must be	e signed by a school ac	Iministrator and presented to the bus driver before the student boards the bus.	

*** Driver will be responsible to verify, sign and deliver this form to the Transportation Department.