LA HABRA CITY SCHOOL DISTRICT
Bus Rider Commitment Form (One Form per Student)
2020-2021 School Year

- **Student Bus Rider Commitment Form required to use Home-to-School transportation**
- **Student Bus Pass required throughout the year**
- **Bus transportation is only provided for eligible students needing transportation five days a week**

Riding the bus is a privilege. In order to provide better service for the 2020-2021 school year, parents of students eligible for transportation must complete and return a **Bus Rider Commitment Form** as soon as possible.

La Habra City School District
Attn: Transportation Department
500 N. Walnut Street
La Habra, CA 90631

Your student's permanent bus pass, along with information on your student's bus stop, pick up, and return time, will be mailed to you two weeks before the first day school. **On the first day of school only students with a valid bus pass will be permitted to ride the bus.**

A Student Bus Pass must be shown to the bus driver upon boarding the bus throughout the entire school year. A charge of $5.00 will be required for a replacement bus pass. There is no charge for the initial bus pass.

****PLEASE PRINT****

Student's Name:_____
(Last) (First) (Middle)

Student Address:_____
Street Address City Zip Code

Home Telephone:_____Cell #_____

Student's Grade Level in the 2020-2021 school year:_____School in the 2020-2021 school year:_____

My child will be riding the bus Monday through Friday ***Must ride 5 days a week***
*(Check **One** Only):*

- ☐ To School Only (RM)
- ☐ From School Only (RA)
- ☐ To and From School (RB)

I understand my child must present a valid bus pass to board the school bus. Failure to do so may cause refusal of transportation to or from school. In addition, loaning passes or using another student's bus pass may result in being denied transportation. I further understand that my child must adhere to all bus rules and be respectful to the rights of property owners and the neighborhood where the bus stop is located. Failure to abide by these rules may result in loss of bus privileges.

I have received, read, and understand the above information.

_____ _____ _____
Print Parent or Guardian Name Signature of Parent or Guardian Date

Office Use Only

Verified by: _____ ☐ ASES

Student ID: _____ Early K/ Late K: _____TK: _____ DI _____ Bus Stop: _____

Permanent Bus Pass Issued Date_____ By_____