

**CHINO VALLEY UNIFIED SCHOOL DISTRICT  
KINDERGARTEN TRANSPORTATION INFORMATION**

STUDENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CROSS STREETS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

AM: \_\_\_\_\_ PM: \_\_\_\_\_

TRACK: \_\_\_\_\_

My child may be left at the bus stop without adult supervision.

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If no, please list the person or persons responsible to receive your child. This person must meet your student at the bus stop.

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

List any medical problems that you feel the bus driver should know.

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PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_