

KIEL AREA SCHOOL DISTRICT
2024-25 School Year

This form must be signed by parent and all students riding the bus and returned to the school bus driver within the first week of school.

I have read and will obey the Kiel School Bus Riders Rules and Regulations, which were officially adopted by the school board of my school.

Parent/Guardian Signature _____

All Bus Rider Signatures _____

Date _____

If your child(ren) is to be picked up and/or dropped off at a location other than your home residence, please provide the following information:

Pick-up Address: _____

Name of Individual living at this address: _____

Phone Number of this individual: _____

Drop-off Address: _____

Name of Individual living at this address: _____

Phone Number of this individual: _____

Other pertinent information: _____
