

**MUST BE RETURNED TO RIDE THE BUS****2024-2025**

1) \_\_\_\_\_  
Last Name Student First Name Student F/M Grade Campus \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOB

2) \_\_\_\_\_  
Last Name Student First Name Student F/M Grade Campus \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOB

3) \_\_\_\_\_  
Last Name Student First Name Student F/M Grade Campus \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOB

\_\_\_\_\_  
PARENT LAST NAME MOM'S NAME DAD'S NAME Grandparent/Guardian Name

\_\_\_\_\_  
PHYSICAL ADDRESS CITY ZIP CODE

\_\_\_\_\_  
Mom's Phone # Dad's Phone # Grandparent/Guardian Phone #

**GRADES PK-2<sup>nd</sup> ONLY \* STUDENT BE LET OFF BUS WITHOUT PARENT PRESENT? YES \_\_\_\_\_ NO \_\_\_\_\_**

**PARENTS! May driver add your Ph # to REMIND messaging app for Bus Emergency Notifications? YES \_\_\_\_\_ NO \_\_\_\_\_**

**MEDICAL INFORMATION: Information will be kept CONFIDENTIAL** (Indicate condition with corresponding student number)

\_\_\_\_Asthma \_\_\_\_ADD/ADHD \_\_\_\_AUTISM \_\_\_\_Bee Stings \_\_\_\_Bipolar \_\_\_\_Diabetes \_\_\_\_Epilepsy

\_\_\_\_Hearing Loss \_\_\_\_Loss of Vision \_\_\_\_Motion Sickness \_\_\_\_Migraines \_\_\_\_OCD/ODD \_\_\_\_Tourette's

\_\_\_\_Seizures \_\_\_\_Other (list on back in comment section). Medication student takes \_\_\_\_\_ Daily Dosage \_\_\_\_\_

**Lampasas ISD Transportation Department School Bus Behavior Plan School YEAR 24-25**

**General Information:** Riding a school bus is a privilege and not a right guaranteed by law. Audio-visual recording devices are installed and used on LISD buses. Students are required to follow the district's student code of conduct while riding. Additional transportation rules are listed below, and students are required to adhere to them in order to continue to ride.

**Education Code 34.013** states a district shall require a student riding a bus operated by or contracted for operation by the district to wear a seat belt if the bus is equipped with seat belts for all passengers on the bus.

**Disruption of Transportation-** Except as provided by section 37.125 a person commits an offense if the person intentionally disrupts, prevents, or interferes with the lawful transportation of children to and from school or an activity sponsored by a school on a vehicle owned/operated by a county or independent school district.

- BUS ROUTES ARE CLOSED TO GUEST RIDERS & INELIGIBLE RIDERS. CAMPUSES MAY NOT GIVE PERMISSION. NO NOTES.**
- Riders will remain seated (seat to seat/back to back) and wear safety belts as designed to be worn while riding the bus. Aisles remain clear
- Complete silence at Railroad Crossings.**
- Riders will keep hands to themselves, no disturbing/harassing others, throwing objects, or touching items that aren't theirs.
- Riders may NOT wear hoodies/hats/caps on any bus. Toboggans are allowed.**
- Riders will NOT use hygiene products or aerosol cans on the bus it causes asthmatics to have an attack.
- Riders are NOT allowed to record/photograph other riders or driver. No talking on the phone on the bus. Texting & playing games allowed. Students are not to share phones and only use one earbud (hear monitor/driver in case of emergency).**
- Riders are NOT allowed to eat food/candy/chew gum/drink hot or cold liquids on buses.  
**Water is allowed but only in a clear plastic bottle with twist on lid.**
- Knives, tobacco products, lighters, matches, electronic smoking devices are STRICTLY FORBIDDEN on district buses & vehicles.
- Riders will follow ALL safety directives always given from monitor/bus driver. Distracting the driver is FORBIDDEN.**

**\*\*Signature indicates that you have read, understood, and agree to this behavior plan for student to ride the bus.**

\_\_\_\_\_  
**PARENT Print Name**

\_\_\_\_\_  
**PARENT Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Mo /Day/YR**

**OFFICE STAFF ONLY**

Assigned to Route \_\_\_\_\_

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ a.m./p.m.

Mo Day Yr

Driver notified by: Email: \_\_\_\_\_ Phone \_\_\_\_\_ Text \_\_\_\_\_ Msg Board \_\_\_\_\_

Employee who took the call: \_\_\_\_\_

**DRIVER'S NOTES:**

Date you called parent: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_

Spoke with parent/guardian: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, were you able to leave a recorded message: Yes \_\_\_\_\_ No \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Pick-up time: \_\_\_\_:\_\_\_\_ Drop-off time \_\_\_\_:\_\_\_\_

**PARENTS:**

If child must have a guardian present, list others who may pick up as well:

**MUST SHOW PHOTO ID**

Name: \_\_\_\_\_

Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Name: \_\_\_\_\_

Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Name: \_\_\_\_\_

Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Driver or Parent:

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_