

Special Education



Cobb County School District Transportation Department Safe Rider Contract / Emergency Form

If your student is going to take advantage of their bus riding privilege, please legibly complete, sign the **Safe Rider Contract / Emergency Form** and send in a student photo with your child and return to your bus driver within 5 days to continue bus rider privilege and receive your child's assigned seat.

STUDENT'S LAST NAME, (PLEASE PRINT ALL) Apellido de Estudiante, (Por favor imprima)		FIRST NAME Primer Nombre	MIDDLE Segundo	MALE OR FEMALE Chico/Chica
HOME ADDRESS, (ie. Apt or Street Name and number) Domicilio, (#de Apartamento)			SUBDIVISION/APT COMPLEX Nombre Del Vecino u Apartamento	
PARENT/GUARDIAN Nombre de padres o guardián	RELATIONSHIP Relación al estudiante	HOME PHONE Teléfono de Casa	EMERGENCY PHONE Teléfono de Emergencia	
E-MAIL ADDRESS Dirección de correo electrónico			SCHOOL YEAR	
SCHOOL YOUR CHILD ATTENDS Escuela	GRADE Grado	DATE OF BIRTH Fecha de Nacimiento Del estudiante	BUS NUMBER Numero del Camión	

Exceptionality: _____

Dr. Name: _____ Dr. Phone Number: _____

Medical Condition: _____

Allergies: _____

Medications – dosage & schedule: _____

Special Instructions - (Child's Interests and other information regarding your child that would be helpful to know in an emergency):

You must keep ALL YOUR INFORMATION up to date.

PLEASE USE A SEPARATE FORM FOR EACH RIDER. THIS INFORMATION IS REQUIRED FOR BUS TRANSPORTATION. THANK YOU!
Por favor use una forma para cada estudiante. Esta información es requerida para transporte en el camión. ¡Gracias!

The student above and I (signed as Parent) have read the **Safe Rider Policies and Regulations** understanding and agreeing to abide by all bus safety rules. Failure to comply can result in bus suspension and loss of riding privilege if not corrected.

PARENT'S SIGNATURE Firma del Padre	TODAY'S DATE Fecha de hoy	STUDENT'S SIGNATURE Firma del Estudiante
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Please return this form to your Bus Driver
Por favor, completa y retorna este contrato a el que Maneja el Camión.

Parents/Guardians with children 8 years old and younger must complete this section as well.
Per DFCS Children Supervision Guidelines, we want to ensure the safety of our students.

STUDENT's NAME

BUS NUMBER

TODAY'S DATE

Georgia's DFCS Guidelines For Leaving a Child Without Adult Supervision: (<http://dfcs.dhr.georgia.gov>)

- Children 8 years old and younger should never be left alone, even for short periods of time.
- Children between the ages of 9 and 12, based on level of maturity, can be left home alone for brief periods of time.
- Children 13 and older can generally be left as babysitters, with the exception of children in foster care. It is not recommended, however, that 13 year olds baby sit infants, small children and children that require special attention due to medical conditions.
- Students whose disability does not support being left alone should have supervision at all times.

Admin Rule B,5,e. (Approved February 2010)

"Students 8 years old and younger may be brought back to their school in the afternoon if a parent, guardian, or parent/guardian designee is not present at the bus stop to receive them or if they otherwise appear to have no appropriate supervision. This is in accordance with Department of Family and Children Services (DFACS) Guidelines for safety and supervision of children Form JL-1[DFCS Protocol]."

Cobb County Procedure:

- Drivers must be able to see the adult or designee so that proper identification can be made. This means that you have to be physically at the stop and out of your car. **(Photo Id may be required)**
- Please be standing at the bus stop five minutes prior to the bus arrival time and note that the driver cannot release students other than at their designated bus stop.
- **If a parent or designated adult is not at the stop OR we do not have signed permission to release the child without an adult, the child will be returned to school.**
- **All requests for a waiver from any requirements contained in the Safe Rider Contract must be submitted in writing to the Transportation Department. The Transportation Department will consider any extenuating circumstances on a case-by-case basis.**

Check all that apply:

- ☐ I understand the above protocol, procedures and will have appropriate supervision at the designated bus stop. Those authorized to receive my child other than myself are:

Authorized Adult other than Parent (PRINT)

Home Phone

Emergency Phone

Authorized Adult other than Parent (PRINT)

Home Phone

Emergency Phone

Authorized Adult other than Parent (PRINT)

Home Phone

Emergency Phone

- ☐ I understand the above protocol, procedures and authorize my 8 years old or younger child to be allowed to exit the bus at their designated stop with his/her older sibling to walk home, where appropriate supervision is provided.

Name of sibling(s)

- ☐ I understand the above protocol, procedures and authorize my 8 year old or younger child to be allowed to exit the bus at their designated stop to walk home, where appropriate supervision is provided.

PARENT/GUARDIAN (PRINT)

PARENT/GUARDIAN SIGNATURE

1st CONTACT PHONE #

2nd CONTACT PHONE #