

Athens Christian School  
Bus Rider Information  
(One per family)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers Home: \_\_\_\_\_  
Parents Wk \_\_\_\_\_  
Parents Cell \_\_\_\_\_  
Other \_\_\_\_\_

Bus Stop Locations AM \_\_\_\_\_  
PM Joy Baptist Church \_\_\_\_\_

Student Homeroom \_\_\_\_\_

Please list any medical conditions or allergies your child might have:  
\_\_\_\_\_  
\_\_\_\_\_

Please sign below if you are giving permission for Athens Christian School and the bus driver to seek medical treatment for your child if the need should arrive.

\_\_\_\_\_  
Parent/Guardian Signature