After School Activity Bus



Application Form

Season 2

November 6, 2017- January 12, 2018

The Activity Bus is a privilege. Students are to behave in a safe, respectful manner while riding the bus. By signing below I, and my parents, agree that I will follow all school and bus rules. We also understand that there is zero tolerance for any behavioral issues or violations while riding the Activity Bus and if any offense is committed I will lose my privilege of riding the after school Activity Bus for the remainder of the school year.

**All application fields MUST be completed for participation consideration**.

**(Signatures are required from Activity or Club Coach/Sponsor and Academic Teacher)**

**APPLICATIONS MUST BE RECEIVED BY 8:00 AM ON TUESDAY, OCTOBER 10, 2017**

I Attend: 🞏 Middle School North 🞏 Middle School South

🞎 **Athletic or Club** activity I am participating in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach or Sponsor Signature (***required)***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will be using the Activity Bus on the following day(s) each week:

🞏 Monday 🞏 Tuesday 🞏 Wednesday 🞏 Thursday 🞏 Friday

🞎 **Academic Help** has been prearranged with the following teacher: ***(requires teacher approval)***

I will be using the Activity Bus on the following day(s) each week based on teacher approval:

🞏 Monday 🞏 Tuesday 🞏 Wednesday 🞏 Thursday 🞏 Friday

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  |  | Grade: |  |  | Homeroom: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address: |  |  | City: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent Contact: |  |  | Relationship: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Phone: |  |  | Cell Phone: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Emergency Contact: |  |  | Relationship: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Phone: |  |  | Cell Phone: | For Office Use Only  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_  Time:\_\_\_\_\_\_\_\_\_\_\_\_\_  Rec’d By:\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent Signature: |  |  | Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student Signature: |  |  | Date: |  |

**Aplicación para el Autobús Escolar para Actividades   
Después de la Escuela: Segunda** **Temporada**

**Comportamiento es dorado.**   
Los estudiantes con mal comportamiento perderán el privilegio del autobús.

**6 de Noviembre del 2017 –12 de Enero del 2018**

El autobús de actividades es un privilegio. Los estudiantes deben comportarse de una manera segura, respetuosa mientras viajan en el autobús. Al firmar abajo, yo y mis padres estamos de acuerdo a seguir las reglas del autobús y de la escuela. También entendemos que hay cero tolerancia para cualquier problema de conducta o violaciones mientras viajo al autobús de actividades y si algún delito se comete voy a perder el privilegio de viajar al autobús escolar para actividades después de la escuela por el resto del año escolar.

Todas las secciones de esta aplicación deben ser completadas para calificar para el transporte.

**(Las firmas se requieren del entrenador o el maestro)**

**LAS APLICACIONES DEBEN ENTREGARSE ANTES DE LAS 8:00 AM EL MARTES 10 de OCTUBRE, 2017**

Asisto a la escuela: 🞏 Middle Norte 🞏 Middle Sur

🞎 **Actividad deportiva o club que participo**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entrenador/Patrocinador:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Viajaré en el Autobús Escolar de Actividades los siguientes días de la semana:

🞏 lunes 🞏 martes 🞏 miércoles 🞏 jueves 🞏 viernes

🞎 **Preorganizó ayuda académica con el maestro siguiente: *(aprobación es un requisito)***

Voy a usar el autobús escolar para actividades los días siguientes cada semana basado en el aprobación del maestro:

🞏 lunes 🞏 martes 🞏 miércoles 🞏 jueves 🞏 viernes

Firma del maestro:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre del estudiante: |  |  | Grado: |  |  | Homeroom: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dirección: |  |  | Ciudad: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nombre del Padre: |  |  | Relación: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Numero de teléfono: |  |  | Numero de celular: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contacto de emergencia: |  |  | Relación: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Numero de teléfono: |  |  | Numero de celular: |  |

For Office Use Only

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Time:\_\_\_\_\_\_\_\_\_\_\_\_\_

Rec’d By:\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Firma del Padre: |  |  | Fecha: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Firma del Estudiante |  |  | Fecha: |  |