McCABE
UNION ELEMENTARY SCHOOL DISTRICT

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Bus Ridership Application for Students
2026-2027 School Year

(Please return this form to Cecy Hernandez at cecy.hernandez@muesd.net or to the McCabe District Office.)

Student Name: _____ **Grade:** _____ **Teacher:** _____

If approved, I would like my child to ride his/her new bus route on:

Day(s) of the Week: _____ ☐ AM ☐ PM

Beginning on: _____

I am requesting bus ridership privileges for the above-named student for the school year ending June 3, 2027, subject to the following terms:

- ✔ Bus ridership is only within the school district and at district-approved bus stops.
- ✔ Bus ridership is subject to bus space availability and may be revoked at any time.
- ✔ Bus ridership must be renewed annually prior to the first day of the school year.
- ✔ Students on approved interdistrict petitions are not permitted to use the bus as transportation to and/or from school.

PARENT PORTION:

Bus ridership is to a: ☐ Child/Day Care Provider ☐ Relative

I, the parent/guardian of the above-mentioned child, understand the above rules for bus ridership within the McCabe School District and agree to follow the Transportation Policy and rules of the McCabe School District; and thus, would request that my child be transported to the facility/home listed below:

Parent Name: _____

Home Address: _____

Parent Contact Phone Numbers: _____

Parent/Guardian Signature: _____ Date: _____

CHILD CARE PROVIDER or RELATIVE PORTION:

I, _____ , accept full responsibility and liability for the child named above
Name of Provider
at my day care center or residence located at:

Address: _____ Relationship to Child: _____

Provider Signature: _____ Date: _____

For office use only: Home Gate: _____ *Ridership Gate:* _____ *Approved by:* _____ *Date:* _____