

# RIVERVIEW TRANSPORTATION FORM - BUS



Cost: \$50/month for first student, \$10/month for each additional sibling for 5 days AM and PM \$30/month for first student, \$10/month for each additional sibling for 3 days, One Way Only, Marshfield Only \$20/month for first student, \$10/month for each additional sibling for S Coos River Ln Bridge Stop (AM Only)

**Bus Rules:**

- 1.) Student must sit by general grade level unless seated with a sibling.  
(Younger students in front, older students in back.)
  - 2.) Keep hands to yourself
  - 3.) Students must remain seated until directed by driver or monitor
  - 4.) Not yelling, screaming, or foul language
  - 5.) No open food or drink
  - 6.) Listen to the driver and bus monitor instructions
  - 7.) Non compliant students will report to the school administrator
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- 1.) First offense is a verbal warning from Driver or a monitor
  - 2.) Second offense will involve phone calls to parents and a talk with the principal
  - 3.) Third offense will require a bus driver parent principle conference

**Carpool Lot Preference:**

<p>North Bend, Skyline Baptist Church Parking                  Lot _____ Drop off, 7:00am-7:05am                  _____ Pick up, 3:45pm-3:50pm</p> <p>Coos Bay, Public Lot next to the Bean Counter                  _____ Drop off, 7:15am-7:20am                  _____ Pick up, 3:35pm-3:40pm</p> <p>Millington, Pacific Pride Fuel Station                  _____ Drop off, 7:25am-7:30am                  _____ Pick up, 3:15pm-3:20pm</p>	<p>S. Coos River Ln, under bridge near Lillian Slough _____ Morning Stop, 7:40am-7:42am                  (Quick Stop - No Afternoon Stop)</p> <p>Marshfield Sport Stop, 7<sup>th</sup> Street, Coos Bay                  _____ Afternoon Stop, 3:30pm-3:35pm</p> <p><b>*Parents must sign below to indicate that the driver has permission to release students without a parent/guardian present for Marshfield stop only.</b>                  My child may be released without a parent/guardian present for the Marshfield Afternoon Stop:</p> <p>Signature: _____</p>
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Circle the days for bus: AM- Mon Tue Wed Thur Fri      PM - Mon Tue Wed Thur Fri

**\*Please arrive on time and allow for a 10 minute waiting window if the bus is delayed by traffic, etc.**

# PARENT INFORMATION

Name:

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First	Middle	Last
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Cell Phone: (\_\_\_\_) \_\_\_\_\_ Text Ok: Yes or No

Email Address: \_\_\_\_\_

## Emergency Contact

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First	Middle	Last
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Cell Phone: (\_\_\_\_) \_\_\_\_\_ Text Ok: Yes or No

Email Address: \_\_\_\_\_

## Student Information

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Student Name	Age	Grade
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Waiver:

I understand that the driver(s) for this parent-funded transportation option have been screened through background check, driving record, child safety and hold a CDL license for bus transport. I further understand the driver is not an employee of Riverview Christian School or Church and is minimally compensated through fees collected by parents/guardians. I agree to pay my transportation fees monthly no later than the 20<sup>th</sup> of each month September-May. By choosing to participate in this parent-managed bus shuttle, I understand that Riverview Christian School or Church is not liable for any injury or incident that may result in utilizing this transportation service.

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Parent/Guardian Signature	Date
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