

BUS RIDER FORM

Please choose one:

☐ **Swim Team**

☐ **Cheer**

☐ **Reach & Rise**

☐ **Other:**_____

Name:_____

School:_____ Grade:_____

Date of Birth:_____

Parent/Guardian Name:_____

Phone Number:_____

Please circle the days your child will ride:

Monday Tuesday Wednesday Thursday Friday

If you have any questions or need to add/change days that your student will ride the bus, please contact the Childcare Director, Lisa Autry at 501-623-8803 x119 by 2 pm. Please leave a voicemail.