

Name: _____

School: _____

BUS PASS

Bus number: _____ (this should begin with N, C, S, or B)

Stop Location: _____

Listen to the driver

Inside voices

Stay seated



Name: _____

School: _____

BUS PASS

Bus number: _____ (this should begin with N, C, S, or B)

Stop Location: _____

Listen to the driver

Inside voices

Stay seated



Cascade Student
Transportation
(208) 229-8500

Student Information Request

(please print)

Full Name _____

School _____

Route # _____ Bus # _____ Date _____

Primary Contact Information

Name _____

Home # _____ Cell # _____

Secondary Contact Information

Name _____

Home # _____ Cell # _____

Seat Assignment Request _____

Bus Stop Location _____

Riding Schedule If Not M-F _____

Other Information _____

Cascade Student Transportation reserves the right to change seat assignments as necessary. All information on this form will remain confidential and only used by CST to contact in the event of emergency or as needed.