



**Athletic Bus Rider Verification Form**

**School Name:** St. James Middle School **Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Parent Phone #:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**SJHS Sport or Activity** \_\_\_\_\_ **Coach's Name** \_\_\_\_\_

**Bus No.** \_\_\_\_\_ **Dates Authorized** \_\_\_\_\_ **to** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**SJHS Athletic/Activity Authorization Signature** \_\_\_\_\_

**Bus Office Authorization** \_\_\_\_\_

**Note: Athletes must have a separate bus verification for each sport the student participates in preapproved by the coach and the SJM front office before the student can ride the athletic bus to SJHS.**