

SCHOOL BUS

DATE _____

STUDENT NAME _____

GRADE _____

PARENT/GUARDIAN NAME _____

BUS # _____ STOP LOCATION _____

I AM GIVING PERMISSION TO THE FOLLOWING PEOPLE TO PICK UP MY CHILD/REN FROM THE BUS STOP (SIBLING, FAMILY MEMBERS, NEIGHBORS, ETC.)

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please check if your child is permitted to exit the bus without an adult
(NO EXCEPTIONS WILL BE MADE FOR KINDERGARTEN AND FIRST GRADE STUDENTS)