



PORT JERVIS CITY SCHOOL DISTRICT

Bus Permission Form for Students



Phone: 845-858-2150

Fax: 845-858-2160

Note: This form is mandatory for kindergarten students. It is optional for all other students.

STUDENT'S NAME: _____

SCHOOL: _____

I give permission to the below named people to put my child on the bus and/or take my child off of the bus when I am not able to be at his/her bus stop:

| <u>NAME</u> | <u>RELATIONSHIP TO CHILD</u> | <u>TELEPHONE</u> |
|-------------|------------------------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PARENT/GUARDIAN SIGNATURE

DATE

BUS LETTER/ROUTE: A.M. _____ P.M. _____

STOP ASSIGNED: A.M. _____ P.M. _____

OFFICE USE ONLY:

_____ COMPUTER _____ COPY TO DRIVER _____ STAFF INITIALS