



PORT JERVIS CITY SCHOOL DISTRICT BUS PERMISSION FORM



Phone: 845-858-2150

Fax: 845-858-2160

Note: This form is mandatory for Kindergarten Students and optional for 1st Grade Students

STUDENT'S NAME: _____

SCHOOL/GRADE: _____

I give permission for the below named individuals to put my child on the bus and/or take my child off 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

OFFICE USE ONLY:

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

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

_____ **COMPUTER** _____ **COPY TO DRIVER** _____ **STAFF INITIALS**