



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