PORT JERVIS CITY SCHOOL DISTRICT
BUS PERMISSION FORM

QUALITY BUS SERVICE, LLC

Registration Phone: 845-858-3100 x16601 Fax: 845-856-9155

Home of the Raiders

Note: This form is <u>mandatory</u> for Kindergarten and 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:

NAME	**RELATIONSHIP TO CHILD**	**TELEPHONE**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____

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

Form Revised 3/4/21