



# PORT JERVIS CITY SCHOOL DISTRICT BUS PERMISSION FORM

Registration Phone: 845-858-3100 x6601 Fax: 845-858-3268

*Note: This form is mandatory for Pre-Kindergarten, Kindergarten and 1<sup>st</sup> 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