



Transportation Department
Kindergarten Authorization Form
2023-24

Please print in ink:

Student's Name: _____ Bus Number: _____ Bus Stop: _____
First and Last Name

School: _____ Teacher's Name: _____ Grade: _____

My child has permission to be picked up at the bus stop by the following **AUTHORIZED PERSON(S)**:
Siblings that do not attend the same school must be at least 12 years old with school ID.

- 1. _____
First and Last Name **Parent or Guardian**
- 3. _____
First and Last Name Relationship
- 5. _____
First and Last Name Relationship
- 7. _____
First and Last Name Relationship

- 2. _____
First and Last Name **Parent or Guardian**
- 4. _____
First and Last Name Relationship
- 6. _____
First and Last Name Relationship
- 8. _____
First and Last Name Relationship

List sibling(s) who attend the same school and ride the same bus.

- 1. _____
First and Last Name Grade

- 2. _____
First and Last Name Grade

I understand and agree to adhere to the following established Kindergarten Transfer of Guardianship procedures daily:

- My child will be released with sibling(s) who attend the same school and ride the same bus.
- My child will not be released to any authorized person(s) unless a valid government/state ID is presented to the bus driver daily.
- My child will be returned to the school if there is no authorized person at the bus stop or the designee does not have a valid government/state ID.
- Students returned to the school must be picked up within one (1) hour or other county agencies will be notified.

Print Parent or Guardian Name: _____ Relationship to Student: _____

Signature of Parent or Guardian: _____ Date: _____

School: Please send a copy of this form to the Transportation Route Manager