



Transportation Department  
Kindergarten Authorization Form  
2024-25

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

2. \_\_\_\_\_  
First and Last Name Parent or Guardian

3. \_\_\_\_\_  
First and Last Name Relationship

4. \_\_\_\_\_  
First and Last Name Relationship

5. \_\_\_\_\_  
First and Last Name Relationship

6. \_\_\_\_\_  
First and Last Name Relationship

7. \_\_\_\_\_  
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