

BUS TRANSPORTATION DESIGNEE FORM

List all K-4 Students in your family:

Student Name(1): _____

Grade: _____ Homeroom Teacher: _____

Student Name(2): _____

Grade: _____ Homeroom Teacher: _____

Student Name(3): _____

Grade: _____ Homeroom Teacher: _____

Student Name(4): _____

Grade: _____ Homeroom Teacher: _____

If I am unavailable to meet my K-4 child(ren) please allow the bus driver to release my child(ren) to the following people:

Designee (1):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Designee (2):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Designee (3):

Name: _____ Relationship: _____

Address: _____ Phone: _____

My/Our signature(s) grants permission to the bus driver to drop-off my/our K-4 child(ren) to the above people at his/her bus drop-off location if I am/we are unavailable.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____