



# PORT JERVIS CITY SCHOOL DISTRICT BUS PERMISSION FORM



Phone: 845-858-2150

Fax: 845-858-2160

*Note: This form is mandatory for 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

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OFFICE USE ONLY:

BUS LETTER/ROUTE:    A.M. \_\_\_\_\_    P.M. \_\_\_\_\_

STOP ASSIGNED:    A.M. \_\_\_\_\_    P.M. \_\_\_\_\_

\_\_\_\_\_ COMPUTER    \_\_\_\_\_ COPY TO DRIVER    \_\_\_\_\_ STAFF INITIALS