KINDERGARTEN BUS STOP AUTHORIZATION FORM
2018-2019 SCHOOL YEAR
Fax Number: 631-345-2818

Student Name:
School Name:

PARENT/GUARDIAN-PLEASE INCLUDE YOUR NAME ON THIS FORM

Listed below are the names of individuals permitted to take my kindergarten child off the bus. It is understood that the person listed on this authorization form accepts responsibility for the

NAME	RELATIONSHIP

☐ **ORIGINAL**

☐ **DISREGARD ORIGINAL**

☐ **IN ADDITION TO ORIGINAL**

Parent Signature_____

Date_____