



# Transportation Office

## School Year 2024-2025

**\*\*SUBMIT THIS FORM TO YOUR CHILD'S SCHOOL/MAIN OFFICE FOR VERIFICATION AND APPROVAL \*\***  
*-must be re-submitted each school year -*

STUDENT NAME: \_\_\_\_\_

Grade: K – 1 – 2 (circle grade)

School \_\_\_\_\_

**School Bus Route#** \_\_\_\_\_ large bus  
mini bus

Dear Parent/Guardian:

For your child's safety, all K, 1 and 2 students will be released only to a pre-authorized individual in the case of your absence at the afternoon bus stop as per School District and Bus Company procedures. Please provide the names and contact information for any individuals that may possibly meet your child at the bus stop in these instances. This includes friends, neighbors, and family members, including spouses and older siblings. They must be prepared to show photo ID to the school bus driver.

*In the event there is not an authorized person to accept your K-2 child off the bus, or the child does not feel comfortable, the child will be returned to his/her school SACC program at your expense where school staff will attempt to contact you.*

Thank you for your cooperation.

Name (print)	Relationship to child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: \_\_\_\_\_ Sign: \_\_\_\_\_ Print Name: \_\_\_\_\_

<b>For School Approval Only</b>	
Approved By: _____	Date: _____

<b>FOR TRANSPORTATION OFFICE USE ONLY</b>
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