

PAWLING CENTRAL SCHOOL DISTRICT

Kim Fontana
Superintendent of Schools

Delos D. Luther
Supervisor of Transportation



*Small Size - Diverse
Opportunities*

Debra Kirkhus
Assistant Superintendent for Instruction

Neysa T. Sensenig Ed.D.
Assistant Superintendent of Finance

AUTHORIZED ADULT AT BUS STOP

Dear Parent:

All **Kindergarten** and **First Grade** students are required to have a parent or responsible adult, designated by the parent, at the bus stop at the time of drop off. If the adult will not be the child's parent, the parent must fill the form on the next page and return the form to the Transportation Office prior to the start of school or as soon as you know that something is changing that will require us to know who will be at the bus stop in your place.

If this form is not filed with Transportation, the following procedure will be adhered to:

If the parent is not present at the bus stop, the driver will radio in to the Transportation Office. We will attempt to call the phone number/s indicated on the form to try to contact the parent. If there is no answer, the driver will continue the route and return the child to the school at the end of the route. If you are regularly at the bus stop and the designated adult will be accepting your child in your place at the stop, please notify the driver in writing the day before when possible. If you have an emergency, you may call the office and let the Dispatcher know who will be at the bus stop in your absence. Any designated persons must provide their Photo ID to the driver.

Respectfully,

A handwritten signature in blue ink that reads "Delos Luther". The signature is fluid and cursive.

Delos Luther
Transportation Supervisor

AUTHORIZED ADULT AT BUS STOP

School Year: _____

Complete and return this form to the Pawling CSD, Transportation Department to allow your Kindergartener, 1st grade or Special Needs child / children to get off the bus to the person/s listed below in your absence. **Without this form on file the child/children will ONLY be released to the parent or returned to the school.**

Indicate school with a check mark

ELEM MS HS Other _____

Student Name: _____

Parent/guardian at bus stop _____

Contact Phone: _____

Alternate person at the bus stop: _____

Must provide ID to bus driver

Contact Phone: _____

Alternate person at the bus stop: _____

Must provide ID to bus driver

Contact Phone: _____

Name of older sibling at bus stop: _____

Contact Phone: _____

Parent Current home phone if not listed above. _____

Parent Current cell phone if not listed above. _____

PARENT / GUARDIAN PRINT NAME

PARENT / GUARDIAN SIGNATURE

DATE

PLEASE NOTE THAT THIS FORM NEEDS TO BE COMPLETED EACH YEAR

RETURN BY MAIL TO:

Pawling Central School District
Transportation Department
55 Wagner Dr.
Pawling, NY 12564

SCAN & RETURN BY EMAIL TO pcsdtransportation@pcsdny.org OR FAX: 845-855-4648