

# AUTHORIZED ADULT AT BUS STOP

School Year: \_\_\_\_\_

Complete and return this form to the Pawling CSD, Transportation Department to allow your Kindergarten 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](mailto:pcsdtransportation@pcsdny.org) OR FAX: 845-855-4648