

**Parental Authorization Form for Centralized Village
Pick-up/Drop-off of Elementary Students**

With my signature, I do hereby give permission and authorize the school district to transport my child(ren) to and from school, utilizing one of the four centralized village pick-up/drop-off points.

Please list your child(ren):

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

For the morning trip my child(ren) will be departing from:

Street Address

and upon completion of the school day, will be returning to :

Street Address

Print Parent Name Telephone

Parent Signature Date

Transportation Department Use Only

Your child(ren) has been assigned to A.M. school bus # _____, or the _____ school bus.

The A.M. pick-up point is _____ at approximately 7:40 A.M.

Your child(ren) has been assigned to P.M. school bus # _____, or the _____ school bus.

The P.M. drop-off point is _____ at approximately 2:35 P.M.

Peter W. Mahunik, Business Administrator Date