Prince William County
PUBLIC SCHOOLS
Providing A World-Class Education

Office of Transportation Services
Kindergarten Authorization Form
2020-21

Please print in ink:

Student's Name: _____ Bus Number: _____ Bus Stop: _____
First and Last Name

School: _____ Teacher's Name: _____ Grade:_____

My child has permission to be picked up at the bus stop by the following **AUTHORIZED PERSON(S):**
Siblings that do not attend the same school must be at least 12 years old with school ID.

1._____ 2._____
First and Last Name **Parent or Guardian** First and Last Name **Parent or Guardian**

3._____ 4._____
First and Last Name Relationship First and Last Name Relationship

5._____ 6._____
First and Last Name Relationship First and Last Name Relationship

7._____ 8._____
First and Last Name Relationship First and Last Name Relationship

List sibling(s) who attends the same school, and rides the same bus, that have permission to walk the kindergarten student home.

1._____ 2._____
First and Last Name Grade First and Last Name Grade

I understand and agree to adhere to the following established Kindergarten Transfer of Guardianship procedures daily:

- My child will not be released to any authorized person(s) unless a valid government/state ID is presented to the bus driver daily.
- My child will be returned to the school if there is no authorized person at the bus stop or the designee does not have a valid government/state ID.
- Students returned to the school must be picked up within one (1) hour or other county agencies will be notified.

Print Parent or Guardian Name:_____ Relationship to Student:_____

Signature of Parent or Guardian:_____ Date:_____

School: Please send a copy of this form to the Transportation Route Manager

June 2018