

# First Student

P.O. Box 517, Yermo, Ca. 92398 (760)254-3850 ext. 1

## **\*THIS FORM IS FOR STUDENTS IN GRADES TK, & KINDER\***

Parents: Please complete, sign and return this form to your child's bus drivers.

Date: \_\_\_\_\_ School: \_\_\_\_\_

School Bus Stop (Name): \_\_\_\_\_

A.M Route: \_\_\_\_\_ P.M. Route: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

My child \_\_\_\_\_ Grade \_\_\_\_\_ may,

Please check which applies:

- \_\_\_\_\_ 1. Be picked up at the bus stop by parent only.
- \_\_\_\_\_ 2. Picked up by other. Please list name of persons allowed to pick up below.
- \_\_\_\_\_ 3. My child has my permission to walk home alone.
- \_\_\_\_\_ 4. My child has my permission to walk home with siblings. Please list names below and grade.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is required that you sign:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*ANY DEVIATION FROM THE ABOVE MUST BE MADE IN WRITING\***