



## SCHOOL BUS DROP OFF PERMISSION SLIP

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

I, \_\_\_\_\_, confirm and give my permission for Columbus City Schools to allow my (please check one box)

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Kindergartener | <input type="checkbox"/> First Grade |
| <input type="checkbox"/> Second Grader  | <input type="checkbox"/> ESL Student |

Student Name \_\_\_\_\_ to exit the bus and

- Please check one:
- Walk home alone
  - Wait alone at the stop until caregiver arrives
  - Walk home with sibling

Parent Name (Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Can be reached at (phone number) \_\_\_\_\_

Secondary authorized person and phone number (name) \_\_\_\_\_

(phone number) \_\_\_\_\_

Sibling Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

PM bus route # \_\_\_\_\_ Bus stop \_\_\_\_\_

Attending school \_\_\_\_\_

Bus Compound \_\_\_\_\_