



# COLUMBUS CITY SCHOOLS

## SCHOOL BUS DROP-OFF PERMISSION SLIP

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

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

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Kindergarten  | <input type="checkbox"/> first grader |
| <input type="checkbox"/> Second grader | <input type="checkbox"/> ESL student  |

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

Please check one:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Walk Home alone                                 |
| <input type="checkbox"/> | Wait alone at the stop until caregiver arrives. |
| <input type="checkbox"/> | Walk home with sibling                          |

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

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

Can Be Reached Phone Numbers: \_\_\_\_\_

Secondary Authorized Person with contact numbers \_\_\_\_\_

Child Name: \_\_\_\_\_

Address: \_\_\_\_\_

P.M. Bus Route #: \_\_\_\_\_ Stop: \_\_\_\_\_

Attending School: \_\_\_\_\_

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

For more information, you can contact the Columbus City Schools Office of Transportation  
at 614.365.5074 or visit [www.ccsch.us](http://www.ccsch.us).