



FIRST GRADE & BELOW

STUDENT ESCORT AUTHORIZATION FORM



STUDENT(S): _____

BUS ROUTE: _____ BUS STOP: _____

The effective date _____ and will expire on _____
 (Today's Date) (DEROS Date)

NAME	RELATIONSHIP	CONTACT NUMBER
	Mother Father Sponsor	010-
	Mother Father Sibling	010-
	Babysitter/Nanny Sibling	010-
	Friend Neighbor	010-
	Friend Neighbor	010-
	Friend Neighbor	010-
	Other:	010-
	Other:	010-

NOTE:

1. Students in Gr. 1 or below **must be escorted to/from the bus door** by a parent or the above named individual(s).
2. Individuals authorized to escort students **must show photo identification**.
3. Individuals authorized to escort students **must be twelve (12) years of age or older**.

SPONSOR/PARENT: _____
 (Print Last, First Name)

SIGNATURE: _____