



STUDENT ESCORT AUTHORIZATION FORM



STUDENT: _____
(Last Name) (First Name) (Grade)

BUS ROUTE: _____ BUS STOP: _____

EFFECTIVE DATE: _____ EXPIRATION DATE: _____
(Today's Date) (DEROS Date)

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

NOTE:

1. Students in Gr. 2 or below, students required by Individualized Education Plan (IEP) or 504 plan, and students as per parental request, **must be escorted to/from the bus door by the above named parent(s) or 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.**

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

SIGNATURE: _____

UPDATED (Date/Initials): _____