



# Monticello Central School District

237 Forestburgh Road, Monticello, NY 12701

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[www.monticelloschools.net](http://www.monticelloschools.net)

Mrs. Tammy Mangus, *Superintendent of Schools*

Ms. Stacey Sharoff, *President - Board of Education*

Mrs. Lisa Failla, *Asst. Superintendent for Business*

Mrs. Catherine Addor, *Asst. Superintendent of School*

Mrs. Tammy Mangus, Superintendent  
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***“Greater than the Average”***

Dear Parents of Pre-Kindergarten, Kindergarten, and Special Needs Students,

To provide for safety of your child at the bus stop, the school district policy states that an authorized adult must be at the bus stop to greet and pick up your child. It is understood that the adult would be the parent or guardian of the student. A note must be on file and approved by the Director of Transportation in the following situations:

1. A student is dropped off at a babysitter or childcare. Babysitter or childcare location must be within the attendance zone of the child’s home school area.
2. An older sibling (middle school or older) will be at the stop to pick up the child.

All notes must state the name of the adult or older sibling who is responsible for picking up the student. **These notes must be updated at least annually, or whenever a change is made.**

Pre-K, Kindergarten, and Special Needs student(s) are **never** to be left unattended at a bus stop, as well as any other student(s) at their parent’s request.

In the event the designated person is not at the bus stop, the student will remain on the bus and will be brought back to the school at the end of the bus route. The parent will be notified by the school and is expected to pick up the child at the school.

To ensure your wishes are adhered to, please complete the bottom portion of this letter and return to your child’s teacher prior to the start of school. Please remember that your child’s safety is our most important concern.

Thank you for continuing to work together to provide a safe and secure drop off for your child.

\_\_\_\_\_   
 \_\_\_ Chase \_\_\_ Cooke \_\_\_ KLR \_\_\_ MS \_\_\_ HS \_\_\_ Other \_\_\_\_\_   
 indicate school name

Student Name: \_\_\_\_\_

Parent/guardian at bus stop \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Alternate person at the bus stop: \_\_\_\_\_   
 Must provide ID to bus driver

Contact Phone: \_\_\_\_\_

Alternate person at the bus stop: \_\_\_\_\_   
 Must provide ID to bus driver

Contact Phone: \_\_\_\_\_

Name of older sibling at bus stop: \_\_\_\_\_

Parent Current phone and cell if not listed above. \_\_\_\_\_

School Year: \_\_\_\_\_