

AUTHORIZED ADULT AT BUS STOP

School Year: _____

Complete and return this form to the Monticello CSD Transportation Department to allow your pre-k, kindergarten or special needs child/children to get off the bus to the person/s listed below in your absence. **Without this form on file, the child/children will ONLY be released to the parent or returned to the school.**

Indicate school name

Chase Cooke KLR MS HS Other _____

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: _____

Contact phone: _____

Parent current home phone if not listed above. _____

Parent current cell phone if not listed above. _____

PARENT / GUARDIAN PRINT NAME

PARENT / GUARDIAN SIGNATURE

DATE

RETURN BY MAIL TO:
Monticello Central School District
Transportation Department
Robin Sklar
153 Forestburgh Rd
Monticello, NY 12701

SCAN & RETURN BY EMAIL TO mcsdtransportation@k12mcsd.net OR FAX: 845-794-2163