

**SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT  
DEPARTMENT OF TRANSPORTATION  
623 WESTERN HIGHWAY  
BLAUVELT, NEW YORK 10913**

**WILLIAM O. SCHAEFFER BUS DESIGNEE FORM**

Dear Parent or Guardian,

In the interest of safety for your child it is necessary to have a written and signed document detailing who has permission to receive your child at the bus stop.

Please fill this form and email or fax it to our office. This form will be kept on file and on any given day any of the 4 adults listed can pick up your child.

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Students' Bus Number & Bus Stop Location: \_\_\_\_\_

Parent's Name and Phone Number: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

The following persons are authorized to receive my child at the bus stop: **(ONLY LIST UP TO 4 NAMES – 1 NAME PER LINE)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

***Designees must be prepared to provide a government issued photo identification.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED FORM VIA email to: [transportation@socsd.org](mailto:transportation@socsd.org) Or fax to 845 680-1972 by August 28<sup>th</sup> of the upcoming school year.**

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**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Form Received By:

\_\_\_\_\_  
Date