

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

WILLIAM O. SCHAEFER 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 or fax to 845 680-1972 by August 1st of the upcoming school year.

FOR OFFICE USE ONLY

Form Received By:

Date