

NEW HAVEN PUBLIC SCHOOLS
STUDENT BUS PICK UP AUTHORIZATION FORM

School: _____

Student's Name: _____

ID#: _____ Grade: _____ (Kindergarten/First grade only)

I _____ (Parent/ Guardian), authorize the party/parties listed below to meet the above student at his/her designated bus stop each afternoon. I verify that the party listed below is a relative and/or authorized caretaker for the above student and is at least 12 years old. I also agree to hold the New Haven Public Schools, its board and /or their agents, servants, and employees harmless from any liabilities related solely to this authorized act. **PLEASE NOTE THERE IS A MAXIMUM OF 2 DESIGNEES TO TAKE THE STUDENT OFF THE BUS. ANY MORE THAN 2 DESIGNEES WILL RESULT IN THE FORM BEING DENIED.**

PLEASE FILL OUT ALL SECTIONS

Designees Name (print): _____

Age: _____ Telephone Number: _____

Address: _____

Designees Name (print): _____

Age: _____ Telephone Number: _____

Address: _____

Signature of Parent: _____ Date: _____

Signature of Principal: _____ Date: _____