



TRANSPORTATION PARENT AUTHORIZATION (Regular Ed Only)

Student Name: _____
Grade _____ Teacher _____

Home Address: _____

Home Phone#: _____ Apt/Bldg#: _____

Cell#: _____ Work#: _____

Students eligible to ride the GCPS bus are allowed one (1) address for morning service, one (1) address for afternoon service, and must have a transportation tag on their book bag at all times indicating their pm permanent form of transportation.

PARENT/GUARDIAN STATEMENT

At the end of each school day, _____ has authorization to dismiss my child to:

Check the box next to one of the five (5) cards (transportation tag) below. Any change of transportation mode requires a new Parent Authorization Form.

SCHOOL USE ONLY (optional)

STUDENT NAME # _____ STU ID: _____

BUS TAG CREATED ENTERED IN Synergy

GCPS BUS # AM PM PERMIT CODE

DAY CARE VAN _____ V. LTR _____
Check if attached

WALKER _____ CAR RIDER # _____
Principal Initial

Alternate Approval by Transportation is:

Approved _____ Denied _____ Date _____

Transportation Supervisor/Designee Signature _____

Students with NO Parent Authorization Form on file with the school will be transported on GCPS bus to their assigned bus stop for their home address.

OR

GCPS SCHOOL NAME _____

Student Name _____ Home Address _____

_____ WALKER

OR

GCPS SCHOOL NAME _____

Student Name _____ Home Address _____

_____ CAR RIDER

AM PM BOTH
 KINDERGARTENERS - GCPS BUS TO HOME ADDRESS – GREEN
 1st - 5th GRADES - GCPS BUS TO HOME ADDRESS – YELLOW

AM PM BOTH
 WALKER - WHITE

AM PM BOTH
 CAR RIDER- BLUE

***Day care enrollment verification letter required and must be attached to Parent Authorization form before service begins. Alternates must be 5 days a week.**

OR

GCPS SCHOOL NAME _____

Student Name _____ Home Address _____

_____ DAYCARE

AM PM BOTH
 *GCPS BUS TO DAY CARE - YELLOW *DAY CARE VAN - ORANGE

AM PM BOTH

AM ALTERNATE ADDRESS: _____
(Street Address) (Apt #) (City) (Zip Code)

PM ALTERNATE ADDRESS: _____
(Street Address) (Apt #) (City) (Zip Code)

*Name of daycare facility/sitter: _____ *Daycare Phone: _____

DATE TO BEGIN: _____

- This information is required and daycare enrollment will be verified. The Alternate Bus Stop goes into effect after this request has been approved by your Transportation Supervisor and entered into Synergy. This process could take up to 10 business days.

By signing below I agree to the following: I have read and understand the guidelines on the back of this sheet. The safety of my child while walking to, from, and waiting at the bus stop is my responsibility. The above information I have provided is correct, and I am the Parent/legal guardian of the child listed above. Signature is required to process this request.

Parent/Guardian Name (print): _____ Parent/Guardian Signature _____ Date _____