

# TRANSPORTATION PARENT AUTHORIZATION 2020-2021

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Apt/Bldg#: \_\_\_\_\_

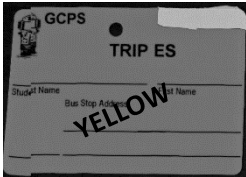
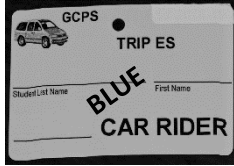
Cell Phone#: \_\_\_\_\_ Work#: \_\_\_\_\_

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 permanent form of transportation.

**PARENT/GUARDIAN STATEMENT:** At the end of each school day, Trip Elementary has authorization to dismiss my child to:

*Check the box next to the transportation below. Any change of transportation mode requires a new Parent Authorization Form.*

GCPS BUS	<input type="checkbox"/>	AM _____	OR	CAR RIDER	<input type="checkbox"/>	AM _____
# _____		PM _____		# _____		PM _____

KINDERGARTENERS: GCPS BUS TO HOME ADDRESS – GREEN TAG

1<sup>ST</sup> – 5<sup>TH</sup> GRADERS: GCPS BUS TO HOME ADDRESS – YELLOW TAG


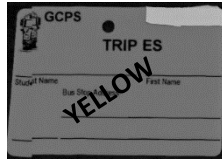
ALL STUDENTS: CAR RIDER – BLUE TAG

ALL STUDENTS: TEMPORARY – RED TAG (good for 10 days)

**Day care enrollment verification letter required and must be attached to Parent Authorization form before services begins.**

**Alternates must be 5 days a week.**

DAY CARE VAN	<input type="checkbox"/>	OR	GCPS BUS to DAY CARE	<input type="checkbox"/>	
			# _____		

- Grayson Academy  
- Sunshine House Brushy Drive

**ALTERNATE ADDRESS (Check all that apply):** Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

\_\_\_\_\_  
(Street Address) (Apt#) (City) (Zip Code)

Name of day care facility/sitter: \_\_\_\_\_ Daycare/Sitter Phone: \_\_\_\_\_

DATE TO BEGIN: \_\_\_\_\_ [The alternate Bus Stop goes into effect after this request has been approved by the Transportation Supervisor and entered into Synergy.]

**By typing my name 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. Typed Name is required to process this request.**

\_\_\_\_\_  
Parent/Guardian Name (By typing your name you are agreeing to the above) Date

**Students with NO Parent Authorization Form on file with the school will be transported on GCPS bus to their assigned bus stop. \*\*Permissive Transfer Students are NOT permitted to ride any GCPS Bus\*\***

Please Submit or Email completed forms to [Julie.Patch@gcpsk12.org](mailto:Julie.Patch@gcpsk12.org)