

**CORNWALL CENTRAL SCHOOL DISTRICT**  
**DROP OFF AUTHORIZATION FORM**

Today's Date: \_\_\_\_\_ School Year: \_\_\_\_\_ Start Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
First Middle Last

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F

Home Address: \_\_\_\_\_  
(Street address, city, state, zip code)

Mailing address (if different from above): \_\_\_\_\_  
(Street address, city, state, zip code)

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Email: \_\_\_\_\_

School: HS ☐ MS ☐ CES ☐ WAE ☐ COH ☐ Grade: \_\_\_\_\_

**AM TRIP #:** \_\_\_\_\_ **PM TRIP #** \_\_\_\_\_

For all elementary school students, the District maintains a practice of allowing a student to get dropped off their afternoon / homebound bus only when there is a parent or guardian at their stop. This is to help insure a safe return home when getting off their bus. If you would like to grant your child permission to get off their bus and return home unsupervised, please check the box below, sign your name and return this form to the District Transportation Office.

I grant permission for my child to get off their bus and return home unsupervised: YES ☐

If you would like to grant permission to someone else to supervise your child when getting off their afternoon / homebound bus, please print their names and contact information below and return to the District Transportation Office.

Name	Relationship	Contact Phone Number

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Name (print): \_\_\_\_\_

**Please hand this form to your child's bus driver.**

<b>FOR OFFICE USE ONLY:</b> Date Received: _____ BUS / TRIP #: _____ DO Notified: _____ School Building Notified: _____
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