

### LATE BUS AUTHORIZATION FORM FOR THIRD, FOURTH, AND FIFTH GRADERS

I give permission to my child to ride home on the elementary late bus when he/she participates in school sponsored after-school activities. As my child's parent or guardian, I understand that my child will be dropped at a bus stop location closest to the home or daycare address listed on this form. This bus stop may not be door-to-door.

I understand that this form needs to be completed only **once** per school year unless I require the drop-off address to be changed.

Submit this form to the Transportation Department at 1458 Saratoga Rd, Ballston Spa, NY 12020 in person, by US mail, email, fax, or it may be given to your child's school office for delivery to the Transportation Department. Once the form is received by Transportation, please allow 3-5 days for the changes to occur.

#### TO BE COMPLETED BY PARENT/GUARDIAN

(PLEASE PRINT)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell)

I request that my child be transported to the location listed below for late run.

Check one:  Home  Daycare  Alternative Residence

**Daycare/Alternative Residence**  
(Leave this section blank if student is going home)

Provider Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

I have read and understand the above guidelines, and have completed all information requested. I also understand that my child will be dropped off to the closest bus stop to the address provided and a drop off time cannot be provided by Transportation.

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

#### FOR TRANSPORTATION DEPARTMENT USE ONLY

Late Bus Number: \_\_\_\_\_ Animal Character: \_\_\_\_\_

Date Stamp Here

Received By: \_\_\_\_\_