

MONTCLAIR PUBLIC SCHOOLS  
TRANSPORTATION DEPARTMENT

**2023-2024**

**PARENT / GUARDIAN PERMISSION TO PICKUP STUDENT FROM BUS STOP**

STUDENT NAME \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMERGENCY # \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

BUS NAME \_\_\_\_\_

BUS STOP LOCATION \_\_\_\_\_

I hereby grant permission for the bus driver/aide to release my student to the following friend/family/caregiver(s):

NAME 1 \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAME 2 \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

***Please allow 48 hours from the time this application is returned to begin.  
Please also keep a copy of this form with your student /backpack***