

**Gloversville Enlarged School District  
Transportation Permission Form**

The Gloversville Enlarged School District has my permission to transport:

Student Name      Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Information:

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

AM pick up Location \_\_\_\_\_

PM drop off Location \_\_\_\_\_

Effective Date \_\_\_\_\_

The Following ADULTS are authorized to accept my child from the bus:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the attached Transportation guidelines, and completed the information as required on this request.

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* This form must be completed for any and all changes\*\*\*  
\*\*CHANGES TAKE EFFECT IN 48 HOURS\*\*

School \_\_\_\_\_  
Teacher \_\_\_\_\_

Grade \_\_\_\_\_  
Bus Route \_\_\_\_\_