

**KINDERGARTEN BUS STOP AUTHORIZATION FORM  
2021-2022 SCHOOL YEAR  
Fax Number: 631-345-2818  
Email-transportation@longwoodcsd.org**

Student Name: \_\_\_\_\_

School Name: \_\_\_\_\_

**PARENT/GUARDIAN-PLEASE INCLUDE YOUR NAME ON THIS FORM**

**Listed below are the names of individuals permitted to take my kindergarten child off the bus. It is understood that the person listed on this authorization form accepts responsibility for the student after removal from the bus.**

NAME	RELATIONSHIP

- ORIGINAL
- DISREGARD ORIGINAL
- IN ADDITION TO ORIGINAL

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

