

**CAIRO-DURHAM CENTRAL SCHOOL DISTRICT**

**Transportation Office**

P.O. Box 780, Cairo, N.Y. 12413  
(518) 622-2236 Fax (518) 622-3021

Transportation Supervisor – Roger E. Vaughn  
Head Bus Driver - Herb Schwanse, Jr.

**PERMISSION FOR OTHER(S) THAN PARENTS TO RECEIVE STUDENT(S) AT BUS STOP**

In order to maintain the safety of our youngest students and those who rely on adults for help, we, the Cairo-Durham Central School District Transportation Department, are instituting, in writing, procedures which require parent(s)/guardian(s) of our students or other persons approved by parent(s)/guardian(s) to be present to receive a K - 5 or a special needs student at the bus stop. If the parent/guardian or designated person is not present at the stop, the student will be sent back to his/her school. We will not allow a neighbor, or friend, who is not authorized by you, in writing, to take your child off the bus. Your child’s safety is our top priority.

Please use the form below to indicate who is authorized to receive your child at the bus stop, other than you.

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Student (your child) Name: \_\_\_\_\_ Student I.D.: \_\_\_\_\_  
(For Office Use Only)

Parent/Guardian Name: \_\_\_\_\_

\*\*\*\*\*

**EXAMPLE: Fester Adams /123 Jones St., Cairo, NY/ 622-0000 Relation: Uncle**

1. Name/Address/Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

2. Name/Address/Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

3. Name/Address/Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

4. Name/Address/Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

5. Name/Address/Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

\*Please note: Bus drivers may request identification at the bus stop.

***I, the undersigned, authorize the person(s) named above to receive my child at his/her bus stop. I agree to keep the CDCSD transportation department informed, in writing, of any changes that affect this request.***

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