



Transportation Authorization

Pre School or Special Needs

PLEASE COMPLETE ONE FORM PER CHILD

(Call Rosa at 509-649-4973 for the correct Bus Route & Bus Stop Address to use)

Student Name _____ Grade _____ Teacher _____

Grade Teacher

Teacher

Parent/Guardian Name (Print) _____

Home address _____

Pickup Address (if different) _____

Drop off Address (if different)

© 2013 Pearson Education, Inc.

Please list the adult(s) meeting them at the stop: _____ Phone _____ Relationship _____

Phone

Relationship

Please call (509)649-4973 by 7:00AM if your student **DOES NOT** need to be picked up.

We go door to door with a large area to service. Your call helps us be more efficient. Please leave a message if necessary. As a reminder winter may change your stop due to access.

Parent/Guardian Signature _____ Date _____

Thank you, Rosa Overton, Transportation Director, CERSD