

Pittsburg Unified School District

Transportation Department

Office Use Only:

Student's Last Name: _____

Copy to District Office

Copy to School Site

Dear Parent/Guardian:

The safety of your Student is our first priority. By completing this form, we can better care for your student while they're under the care of the Transportation Department Staff.

ALL SECTIONS below must be complete by selecting either a YES or a NO.

PERMISSION TO WALK, LOAD, and UNLOAD TO OR FROM THE BUS UNESCORTED/UNASSISTED:

_____ YES - My child HAS permission to WALK and/or UNLOAD to and from the bus Unescorted/Unassisted.
(Ok to drop off without seeing a parent/guardian.)

_____ NO - My child DOES NOT have permission to WALK/UNLOAD to and from the bus unescorted/unassisted. (Must see a parent/guardian.)

NOTES: (If an older sibling and/or family member will be receiving your student, please provide First/Last name. *Must be 15yrs or Older.)

Student's Name: _____

*PARENT/GUARDIAN'S PRINTED NAME: _____

*PARENT/GUARDIAN'S SIGNATURE: _____

*Phone Number: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

DATE: _____ SCHOOL: _____