



Transportation Release Authorization

Student Name _____

Home Address _____

School Name _____

I authorize the Barnegat Township Transportation Department to release my child from their assigned bus stop to the following person(s):

NAME

RELATIONSHIP to STUDENT

| NAME | RELATIONSHIP to STUDENT |
|------|-------------------------|
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May be released from their assigned bus on his/her own without an authorized adult present.

Check this box **ONLY** if you authorize your child to get off of the bus alone. *

(*This authorization does not apply to pre-k, kg, 1st & 2nd graders.)

Parent or Guardian of Student:

Printed Name _____

Date: _____

Signature _____

Thank you,

Lisa Vargas

Transportation Director