Dear Parents/Guardians,

The Liverpool Central School District Transportation Department has adopted a policy to better ensure student safety. Parents/guardians of kindergarten and first-grade students who ride the bus must complete the form below that specifies the people who they will entrust to meet the bus and make sure that their kindergartener or first-grader gets home safely.

The district will allow anyone who the parent deems fit (including an older sibling or neighbor) to meet the bus and/or accompany the kindergartener or first-grader home. District bus drivers will not allow a kindergarten or first-grade student to be left off at a bus stop without someone there to ensure that they get home safely.

Please take a moment to complete the form below and return to your child’s bus driver or to the Transportation Center.

Sincerely,

Laura D’Arcangelis
Director of Transportation

Who Can Meet the Bus Form

- Child’s Name: ...................................................................................................................................................................
- Name of School: ..............................................................................................................................................................
- PM Bus Route: .................................................................................................................................................................
- PM Bus Stop Location: .............................................................................................................................................................
- Authorized Person #1*: .........................................................................................................................................................
  Authorized Person’s Phone Number: ........................................................................................................................................
- Authorized Person #2*: .........................................................................................................................................................
  Authorized Person’s Phone Number: ........................................................................................................................................
- Authorized Person #3*: .........................................................................................................................................................
  Authorized Person’s Phone Number: ........................................................................................................................................
- Parent/Guardian Name (Please Print): ....................................................................................................................................
- Parent/Guardian Signature: ......................................................................................................................................................
- Parent/Guardian Phone Number: ................................................................................................................................................
- Date: .........................................................................................................................................................................................

* Adults meeting the bus for the first time should be prepared to provide proper identification.

Please return form to your child’s bus driver or to the Transportation Center by fax (453-0282), or by mail (4101 Long Branch Road, Liverpool, NY 13090).