

AURORA CITY SCHOOLS ALTERNATIVE BUS STOP FORM

Student Name: _____

Home Address: _____

School: _____

Parent/Guardian Name: _____

(Please Print)

Home Phone Number: _____

Work Phone Number: _____

Cell Phone/Pager Number: _____

Please Choose One Of The Following Options

- Pick-up will be at the following daycare or address with **drop-off at HOME**: _____

- Pick-up at **HOME** with the drop-off at the following **DAYCARE or ADDRESS**: _____

- Pick-up **AND** drop-off at the following **DAYCARE or ADDRESS**. _____

- **START DATE:** _____

If you are not using a local daycare facility, please include the name and phone number of the person responsible for watching your children.

Name: _____

Phone Number: _____

Signed Authorization:

Signature

Date

NOTE: We will not accommodate any requests without a proper signature from the legal guardian.