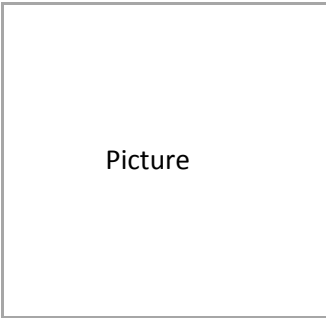


**Park City School District**  
**TRANSPORTATION DEPARTMENT - Phone (435) 645-5660**  
**PRE SCHOOL / KINDERGARTEN AUTHORIZATION INFORMATION**

PRINT PLEASE

CONFIDENTIAL



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

School: \_\_\_\_\_

Program: \_\_\_\_\_

Bus # \_\_\_\_\_ Driver: \_\_\_\_\_  
Name

Bus # \_\_\_\_\_ Driver: \_\_\_\_\_  
Name

Father/Guardian: \_\_\_\_\_  
Name Phone

Address

Mother/Guardian: \_\_\_\_\_  
Name Phone

Address

Authorized Person: \_\_\_\_\_  
Name Phone

Address

Authorized Person: \_\_\_\_\_  
Name Phone

Address

Authorized Person: \_\_\_\_\_  
Name Phone

Address

Authorized Person: \_\_\_\_\_  
Name Phone

Address

Emergency Contact Person: \_\_\_\_\_  
Name Phone

Address