



NEW HANOVER COUNTY SCHOOLS  
TRANSPORTATION

Special Education Student  
Afternoon Release Parent Consent Form

Student: \_\_\_\_\_ School: \_\_\_\_\_  
*(Print or type)*

Grade: \_\_\_\_\_ Bus Stop Location: \_\_\_\_\_

Complete All That Apply: AM Bus # \_\_\_\_\_ PM Bus # \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

I, as the legal guardian or parent of \_\_\_\_\_  
do hereby give permission for my child named above to be released at their designated bus  
stop **without adult supervision.**

\_\_\_\_\_  
Parent Date

\_\_\_\_\_  
Principal/Assistant Principal Date

\_\_\_\_\_  
Transportation Coordinator/Supervisor Date

**Approval by Special Education Department required for K-5 students**

\_\_\_\_\_  
Special Education Department Representative Signature Date

Email to [BusRouting@NHCS.net](mailto:BusRouting@NHCS.net)

This document is valid only for the **2023-2024 school year**  
and only for the student and stop location listed above.

For questions, please contact: Cholly Farrow • [carole.farrow@nhcs.net](mailto:carole.farrow@nhcs.net) • 910-254-4154 or  
Laura Severt • [laura.severt@nhcs.net](mailto:laura.severt@nhcs.net) • 910-254-4098