



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

This document is valid only for the **2024-2025 school year**
and only for the student and stop location listed above.

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