KINDERGARTEN BUS STOP AUTHORIZATION FORM
2025-2026 SCHOOL YEAR
Fax Number: 631-345-2818
Email-transportation@longwoodcsd.org

Student Name:

School Name:

PARENT/GUARDIAN-PLEASE PRINT YOUR NAME ON THIS FORM

Listed below are the names of individuals permitted to take my kindergarten child off the bus. It is understood that the person listed on this authorization form accepts responsibility for the student after removal from the bus.

NAME	RELATIONSHIP

☐ **ORIGINAL**

☐ **DISREGARD ORIGINAL**

☐ **IN ADDITION TO ORIGINAL**

Parent Signature_____

Date_____