APPLING COUNTY TRANSPORTATION DEPARTMENT
2025-2026 SCHOOL YEAR

ACKNOWLEDGEMENT

By signing this Acknowledgement, I acknowledge that I have read and understand terms and conditions of this form and by signing off on this form I agree that the Board of Education has the best interest of all students in this district in mind. In signing, you and your child agree to abide by safety rules & regulations which apply to the transportation of students.

• I _____have read and agree to the terms and conditions which appear on the information that has been reviewed on this day, the _____ day of the month of _____, 2025.

• I have read and accepted all afforded information from the Transportation Department of the Appling County School System.

Sincerely,
Charles L. Vann, Sr.
Director of Transportation

Acknowledgement and Consent of Parent & Student:

Student Name Printed: _____Date**:** _____ Phone#: _____
Student Signature: _____ D**ate:** _____
Homeroom Teacher: _____ **Grade:** _____ **Age:** _____
I have read the Appling County school bus rules and I, the guardian, make a pledge and agree to help the driver enforce them as a parent.
***Parent Signature:** _____ **Date:** _____

Parent Phone Contact Information: _____
***Please list any Medical Condition your child has so that the driver may be made aware.**
_____
_____
_____

Bus Driver: _____ Date: _____ Bus # _____
Date Returned to Bus Driver: August / _____ / **2025**

PLEASE RETURN TO BUS DRIVER

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