



# TRANSPORTATION PARENT AUTHORIZATION (Regular Ed Only)

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

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

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

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

Apt/Bldg# : \_\_\_\_\_

Cell#: \_\_\_\_\_

Work#: \_\_\_\_\_

Students eligible to ride the GCPS bus are allowed one (1) address for morning service; one (1) address for afternoon service, and must have a transportation tag on their book bag at all times indicating their pm permanent form of transportation.

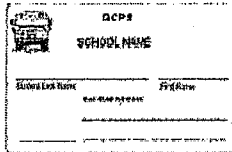
## PARENT/GUARDIAN STATEMENT

At the end of each school day, \_\_\_\_\_ has authorization to dismiss my child to:

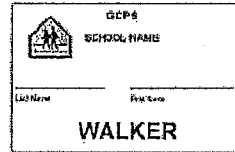
Check the box next to one of the five (5) cards (transportation tag) below. Any change of transportation mode requires a new Parent Authorization Form.

SCHOOL USE ONLY (optional)	
STUDENT NAME # _____	STU ID: _____
<input type="checkbox"/> BUS TAG CREATED	ENTERED IN Synerav
<input type="checkbox"/> GCPS BUS # AM _____ PM _____	PERMIT CODE _____
<input type="checkbox"/> DAY CARE VAN _____	V. LTR _____ <small>Check if attached</small>
<input type="checkbox"/> WALKER _____ <small>Principal Initial</small>	<input type="checkbox"/> CAR RIDER # _____
Alternate Approval by Transportation is:	
Approved _____	Denied _____ Date _____
Transportation Supervisor/Designee Signature _____	

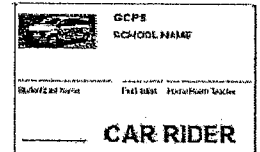
**Students with NO Parent Authorization Form on file with the school will be transported on GCPS bus to their assigned bus stop for their home address.**



OR



OR



☐ AM ☐ PM ☐ BOTH

☐ AM ☐ PM ☐ BOTH

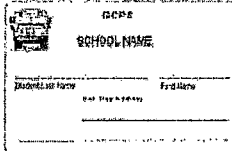
☐ AM ☐ PM ☐ BOTH

KINDERGARTENERS - GCPS BUS TO HOME ADDRESS – GREEN  
1st - 5th GRADES - GCPS BUS TO HOME ADDRESS – YELLOW

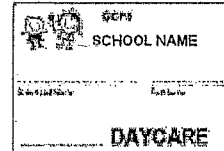
WALKER - WHITE

CAR RIDER- BLUE

**\*Day care enrollment verification letter required and must be attached to Parent Authorization form before service begins. Alternates must be 5 days a week.**



OR



☐ AM ☐ PM ☐ BOTH

☐ AM ☐ PM ☐ BOTH

\*GCPS BUS TO DAY CARE - YELLOW \*DAY CARE VAN - ORANGE

AM ALTERNATE ADDRESS:

(Street Address)

(Apt #)

(City)

(Zip Code)

PM ALTERNATE ADDRESS:

(Street Address)

(Apt #)

(City)

(Zip Code)

\*Name of daycare facility/sitter: \_\_\_\_\_

\*Daycare Phone: \_\_\_\_\_

DATE TO BEGIN:

- This information is required and daycare enrollment will be verified. The Alternate Bus Stop goes into effect after this request has been approved by your Transportation Supervisor and entered into Synergy. This process could take up to 10 business days.

By signing below I agree to the following: I have read and understand the guidelines on the back of this sheet. The safety of my child while walking to, from, and waiting at the bus stop is my responsibility. The above information I have provided is correct, and I am the Parent/legal guardian of the child listed above. Signature is required to process this request.

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# GWINNETT COUNTY PUBLIC SCHOOLS VERIFICATION OF DAY CARE ENROLLMENT School Year \_\_\_\_\_

*NOTE: This form is required for GCPS students being transported to a day care facility by a GCPS bus.*

Student: \_\_\_\_\_  
(Child's Full LEGAL Name)

School: \_\_\_\_\_  
(GCPS School)

Day Care Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_

Day Care Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

My child will be attending day care: Monday Tuesday Wednesday Thursday Friday  
(Circle days attending)

Starting on: \_\_\_\_\_ in the ☐ AM only, ☐ PM only or ☐ AM & PM  
(date)

\* Parent please note daycare requirement below.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Relation to Child

## DAYCARE USE ONLY:

*Before the student can be transported on the GCPS bus to your facility, the school must receive a copy of this Verification of Day Care Enrollment which must include the parent signature, the start date and day care director or designee signature.*

\_\_\_\_\_  
Day Care Facility Director/Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Day Care Facility Director/Designee Printed Name

\_\_\_\_\_  
Position

*My signature verifies that the above student information is correct and the student attends this day care facility.*

**\* DAYCARE DIRECTOR PLEASE NOTE:** A daycare employee must accompany students to the bus stop in the morning and be at the stop at least 5 minutes before the bus is scheduled to arrive. In the event that the students are not at the stop ready for pick up in the morning GCPS transportation will not send a bus back to your center. In the PM there must be a daycare employee at the bus stop to receive the students. In the event that there is no daycare employee waiting at the stop to receive the students, they will be returned to school. Failure to comply with these guidelines may result in termination of GCPS transportation to your facility.