

**WYANDANCH UNION FREE SCHOOL DISTRICT
TRANSPORTATION OFFICE
1445 DR. MARTIN L. KING JR. BLVD.
WYANDANCH, NEW YORK 11798
(631) 870-0595 FAX (631) 510-3140
2023/2024 SCHOOL YEAR**

**The Wyandanch School District Procedure for PRE-K through 2ND Grade is that the
PARENT/GUARDIAN or AUTHORIZED ADULT meet the child at the bus stop.**

Please return this completed form to the Wyandanch Transportation Office only

“NOT BUILDING LEVEL”

*****PHOTO I.D. IS REQUIRED FOR RELEASE OF YOUR CHILD*****

(Please print clearly)

**My Child, _____, has permission in my absence at the bus stop to
be released to any person named below:**

Name: _____	Relationship: _____	Telephone: _____
--------------------	----------------------------	-------------------------

1.) _____	Mother	_____
-----------	--------	-------

2.) _____	Father	_____
-----------	--------	-------

3.) _____		_____
-----------	--	-------

4.) _____		_____
-----------	--	-------

5.) _____		_____
-----------	--	-------

DO NOT RELEASE CHILD TO:

1.) _____		_____
-----------	--	-------

2.) _____		_____
-----------	--	-------

Parent/Guardian Signature

Contact#

Date

Bus Stop: _____

School: _____ **Route #** _____ **Grade** _____