



Columbus City Schools

Department of Transportation
889 East Seventeenth Avenue, Columbus OH 43211
Phone: (614) 365-5074 Fax: (614) 365-5815

SCHOOL BUS DROP-OFF PERMISSION SLIP

Date: _____

I, _____ confirm and give my permission
for Columbus City Schools to allow my kindergarten/first grader/second
grader/ESL student (please circle one)

_____ to exit the bus and

Please check one: Walk Home
 Wait alone at the stop until caregiver arrives.

Parent Name (Print): _____

Parent Signature: _____

Can Be Reached Numbers: _____

Child Name: _____

Address: _____

Bus Route #: _____ a.m. Stop: _____

Bus Route #: _____ p.m. Stop: _____

Bus Compound: _____

Attending School: _____

Emergency Numbers: _____

The Columbus City School District does not discriminate because of race color, national origin, religion, sex or handicap with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities.