

**EXETER TOWNSHIP SCHOOL DISTRICT  
BUS STOP PICKUP PERMISSION FORM**

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

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Bus #: \_\_\_\_\_ Stop Location: \_\_\_\_\_

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

I am giving permission to the following people to pick up my child/ren from the bus stop  
(sibling, family members, neighbors, etc.)

Name:	Relationship:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_ Please check if your child is permitted to exit the bus without an adult  
**NO exceptions will be made for kindergarten and first grade students**