



STROUDSBURG AREA SCHOOL DISTRICT
SCHOOL BUS AUTHORIZATION

School: _____

Date: _____

Name of Student: _____
(Last) (First)

Grade: _____

Bus #: _____

Location of Alternate Bus Stop:

The undersigned, being the parent(s) or guardian(s) of the student(s) named above, hereby authorize and direct the Stroudsburg Area School District to transport the above named student by school bus to the destination set forth above, in substitution for the regularly scheduled destination point. I (We) agree that I (we) will in no way hold the Stroudsburg Area School District, its directors, officers, employees and agents, liable or accountable for any claims resulting therefrom, and I (we) hereby assume full responsibility for the safety of said student from and after such student's arrival at the aforementioned alternate destination.

Signed:

Parent/Guardian

Phone Number

Work Number