

**Greenville County Schools Bus Stop Designee Form
For 4K, 5K and 1st Grade Students
2009-2010**

School AUGUSTA CIRCLE Grade _____ Teacher _____

Student's Name _____ Parent/Guardian Name _____

Parent's Phone Number _____ RT. # _____

Stop Loc. _____ City _____ Zip _____

Student's Address _____ City _____ Zip Code _____

Subdivision _____

Designee's Name #1 _____ Phone Number _____

Designee's Address _____ City _____ Zip Code _____

Designee's Name #2 _____ Designee's Phone _____

Designee's Address _____ City _____ Zip Code _____

Designee's Name #3 _____ Designee's Phone _____

Designee's Address _____ City _____ Zip Code _____

Designee's Name #4 _____ Designee's Phone _____

Designee's Address _____ City _____ Zip Code _____

Designee's Name #5 _____ Designee's Phone _____

Designee's Address _____ City _____ Zip Code _____

Parent/Guardian Signature _____ Date _____

By signing this form the Designee is accepting responsibility of the student at the bus stop and is responsible for meeting the bus at the designated stop time.

First Designee's Signature _____ Date _____

Second Designee's Signature _____ Date _____

Third Designee's Signature _____ Date _____