



Greenville County Schools
Bus Tag Application
(For 4K, 5K, 1st Grade Students)
2010-2011

Parent Complete. Please print and return to the school office.

Student's Name: _____ School: _____

Parent/Guardian's Name: _____

Student's Address: _____

City: _____ Zip Code: _____

Subdivision: _____

Parent Phone Number: _____

Name of Fifth Grade Designee: _____

By signing this form the parent/guardian (or designee) is accepting responsibility for the student at the bus stop and is responsible for meeting the bus at the designated stop time. The parent/guardian (or designee) must have the official card (provided by the school) matching their child's tag number in order for the driver to release the child to them.

Parent/Guardian Signature: _____ Date: _____

<u>For School Office Use Only</u>	
Grade: _____	Teacher: _____
Rt. #: _____	Stop Location: _____
Student/Parent Tag #: _____	