



Rider Authorization Form

I, _____ (parent /guardian name),

have given written permission to BluRide Transport LLC, as

authorization to pick up my child, _____,

after school for the 20__ - 20__ school year.

Grade: _____ Homeroom Teacher: _____

Parent/Guardian Signature

Date

Please complete this form and email
one copy to info@bluridetransport.com and submit
one copy to the school office.

***If you have more than one rider, please submit one
form per student.***