

GRAHAM-DUSTIN PUBLIC SCHOOLS BUS PERMISSION FORM

THIS FORM MUST BE COMPLETED IN FULL AND TURNED INTO THE OFFICE IN ORDER TO BE ABLE TO RIDE THE BUS

To the Graham-Dustin Public School System:

We have read and discussed the school bus policy and rules with our children.

We agree with the School System that these rules should be enforced and that any student who cannot abide by these simple rules will be disciplined and/or counseled according to this policy.

As parents/guardian, we ask that the school contact us by telephone or written letter each time our children are involved in incidents so that we might further counsel our children on proper bus conduct.

Sincerely,

Parent/Legal Guardian Signature(s)

DATE _____

PHONE NUMBER (_____) _____

AREA CODE

Please provide the name(s) and grade of each child in your family that will be riding the school bus. This statement will be in effect for the current school year.

STUDENT NAME _____

GRADE _____

