



Bus Permission Slip

After School Program at the Community Center

Child's Name: _____ **School Year:** _____

School: (Please circle one)

Colonial Middle School, #10

Colonial Elementary School, #94

Plymouth Elementary, #79

Ridge Park, #19

Grade: _____

Day: Monday / Tuesday / Wednesday / Thursday / Friday / All 5 Days

Dates: Fall Session / Winter Session / Spring Session / All 3 Sessions

I give my child permission to go on the School Bus, for the sole purpose of going to the Greater Plymouth Community Center's After School Program. My child will be responsible while riding the school bus and checking in with the counselors at the front door.

Parent/Guardian Signature: _____ **Date:** _____

(Please print form, sign and date. Electronic signature not accepted.)

****The Greater Plymouth Community Center will send this form to the school district.***

Colonial School District Authorization: _____

Bus number child is authorized to ride on: _____

Date: _____

*A copy of this form should be faxed to the Greater Plymouth Community Center after the School District signs it and a hard copy should be mailed to the parent/guardian of the child.