

KINDERGARTEN PARENT ALTERNATE



BUS NUMBER: _____

DATE: _____

STUDENT'S NAME:

TEACHER: _____

I, _____, parent guardian of
(Parent/Guardian Name)

_____ give my permission for my child to get
(Student Name)

off of the bus with the following people:

Name:

Relationship:

Contact Info:

PARENT SIGNATURE: _____

Please sign and return to the Ridgeview Office. A copy will be kept in the office and on your child's school bus.