

REGIONAL 12 SCHOOLS
SHEPAUG VALLEY SCHOOL

LATE BUS PERMISSION SLIP (Grades 6-12)
Must be completed annually

Please note: Masks are mandatory on all buses.

STUDENT: _____ GRADE: _____

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(Use additional sheet if necessary.)

PARENT/GUARDIAN: _____

CELL PHONE: _____ May we contact you by text? Yes: _____ No: _____

HOME PHONE: _____ EMAIL ADDRESS: _____

I am the parent/guardian of the student(s) listed above. I hereby grant permission for my student(s) to ride the Shepaug Late Bus.

PLEASE PLACE A CHECK MARK TO INDICATE WHICH STOP YOUR STUDENT(S) USE (CHOOSE ONLY ONE):

- _____ Roxbury Market @ 5:30
- _____ Bridgewater Store @ 5:45
- _____ Town Hall at New Milford Green @ 5:55
- _____ Marbledale Post Office @ 6:20
- _____ RT 202 just past RT 45 (small lot in front of gray house on left) @ 6:25
- _____ Washington Depot @ 6:30

I understand and acknowledge that:

1. Student(s) will be released from bus without parent or guardian present.
2. Following or flagging down the bus is not permitted.
3. I must accept full responsibility for my student(s) while at the bus stop.

By signing below, I authorize Region 12 Schools to transport my student(s) as described above.

SIGNATURE OF PARENT OR GUARDIAN

DATE

RESIDENCE ADDRESS

Please return this request and authorization to Nicole Grant via email to grantn@region-12.org or by mail to:

BUSINESS OFFICE
PO Box 386 / 11A School ST
Washington Depot, CT 06794

Bus Company Notified on _____ by _____ (initials)
Shepaug Notified on _____ by _____ (initials)