

REGION 12 SCHOOLS - SHEPAUG VALLEY SCHOOL

SCHOOL YEAR 2024-2025

Late Bus Permission Slip

Must be completed annually for each student

STUDENT: _____ GRADE: _____

PARENT/GUARDIAN: _____

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

EMAIL ADDRESS: _____

Please indicate the reason for the late bus

____ Academics _____ Clubs
____ Arts _____ Sports
____ Other: _____

Please indicate which stop your student will use (Choose ONLY one)

____ Roxbury Market @ 5:30 _____ Marbledale Post Office @ 6:20
____ Bridgewater Store @ 5:45 _____ RT 202 just past RT 45 @ 6:25
____ Town Hall, New Milford Green @ 5:55 (Gray house on left – small parking lot in front)
(Non-residents ONLY) _____ Washington Depot @ 6:30

I understand and acknowledge that:

1. Student is released from the Late Bus without parent presence.
2. Following or flagging down the bus is not permitted.
3. I must accept full responsibility for my student while at the bus stop.

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

SIGNATURE OF PARENT OR GUARDIAN

DATE

RESIDENCE ADDRESS / TOWN

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

SCHOOL USE ONLY: Approval: _____ Date: _____

School/Parent/Bus Company Notified by _____ on _____