Warwick
WARWICK VALLEY CENTRAL SCHOOL DISTRICT

Notice to Warwick Valley Central School District

This is to notify you that I am electing to drive my child(ren) to and from school, or my child will drive him or herself to and from school, and he/she/they will no longer require district transportation to and from school.

I understand that if my personal situation should change or an emergency occurs I may request (in writing or via email to the transportation department) that district transportation be reinstated for my child(ren), even if the change is temporary.

____I intend to drive my child(ren) to and from school on a regular basis beginning _____/_____/_____ and I am electing not to utilize district transportation.

OR

____My child will drive him/herself to and from school on a regular basis beginning _____/_____/_____ and I am electing not to utilize district transportation.

_____

(Parent Name – please print)

_____

(Signature) (Date)

_____

(Address)

Child's name:	School:
_____	_____
_____	_____
_____	_____
_____	_____