FALL RIVER PUBLIC SCHOOLS

"The Scholarship City"
417 Rock Street, Fall River, MA 02720

STUDENT RELEASE PERMISSION FORM

DATE: _____

STUDENT NAME: _____

SCHOOL ATTENDING: _____

PARENT/GUARDIAN SIGNATURE: _____

I wish to add the following names to the list of people who I am giving permission to receive my child from the bus.

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

** Please note proper ID will be required when receiving students.*

** A copy of this signed form MUST be emailed to the Office of Transportation (dmcarvalho@fallriverschools.org).*

Please keep a copy for your files.

Thank you