FALL RIVER PUBLIC SCHOOLS

"The Scholarship City"

417 Rock Street, Fall River, MA 02720

PERMISSION FORM FOR MIDDLE & HIGH SCHOOL

DOOR/DOOR SPECIAL EDUCATION STUDENTS ONLY

I hereby give permission for _____ (Bus Company Name) and the Fall River Public Schools to allow my child/or child I am responsible for to be dropped off without a parent or guardian being present. I release the bus company and the Fall River Public Schools of any responsibility in regard to the above agreement.

DATE: _____

STUDENT NAME: _____

SCHOOL ATTENDING: _____

PARENT/GUARDIAN SIGNATURE: _____

**** A copy of this signed form MUST be faxed to the Office of Transportation (508 675 8343).***

Please keep a copy for your files.

Thank you