DUANESBURG Elementary

Date Effective: _____

Please allow my child (name) _____

Child's teacher (name) _____

TO:

1) ride bus route _____ and get off at _____

               OR

2) be released to (name) _____
   at what time _____

Instead of (check one):
1) _____ riding bus route _____
2) _____ going to the CKC Child Care program
3) _____ being picked up

Parent / Guardian's Signature: _____

Phone # _____