

AUTHORIZATION TO RIDE THE EWGJSHS LATE BUSES

I authorize my child(ren) to access the late buses at the JSHS on an as needed basis. I understand that it is my child's responsibility to adhere to the established procedures in place at his/her school in order to maintain an optimal level of safety and supervision. Further, I understand that my child will be dropped off at one of the designated group stops.

| | |
|-----------------------------|--------------|
| Child(ren)'s name(s): _____ | Grade: _____ |
| _____ | Grade: _____ |
| _____ | Grade: _____ |
| _____ | Grade: _____ |

Parent/Guardian Authorization:

Signature

Printed Name

Our Mission: Empowering Students: Dream...Reach...Succeed.

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