



FORT LORAMIE SCHOOLS
TRANSPORTATION
PERMISSION SLIP
 (Please Write Legible)

Please send a note with each child for each change in schedule.

Child: _____
 (First Name) (Last Name)

***DATE** of Change: _____

Grade: _____ Teacher: _____

Parent/Guardian *Signature*: _____

Parent Contact Number: _____

Riding Bus # _____ Not Riding Bus # _____

CHECK ONE:

Bus Drop off at: _____
 (Resident's First Name) (Resident's Last Name)

at this address: _____

Walking with/to: _____
 (First Name) (Last Name)

Car pick up with: _____
 (First Name) (Last Name)

Staying after school due to _____

Courtesy Stop-Bus Drop off _____
 (Street)

Please refer to bus change rules on Fort Loramie School Website under Transportation



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