



Authorization for Busing For School Year: _____

Child's Name: _____

School Attending: _____

Grade in September Year: _____

Teacher's Name (if Known): _____

I give _____ permission to be bused

(Child's Name)

(Select One)

_____ From (Select "From" for Before Care ONLY)

_____ To (Select "To" for After Care ONLY)

_____ To & From (Select for Before & After Care)

**Only 5 full days of Before & After Care (To & From) INCLUDE all closings of Elementary Schools when All Star Kids is open.*

(Circle Days Applicable)

Monday

Tuesday

Wednesday

Thursday

Friday

Pickup / Drop Off Permission

Parent/Guardian Signature: _____.

Date Permission Granted for School Year: _____.

Note: Any changes to the above by parent or guardian will require approval by All Star Kids for accommodations with a 14 days written notice accompanied with a revised form. Only 1 change per school year is allowed. Ringwood students using the town bus, may be additionally required to contact the Ringwood Garage for seating availability.