

RUTHERFORD PUBLIC SCHOOLS
Rooted in Excellence
176 Park Avenue, Rutherford, NJ 07070

PARENT/GUARDIAN PERMISSION

I hereby give my permission for _____ to participate in the courtesy/subscription busing. I understand that my child will abide by all rules and regulations governing student conduct.

Date of Activity: 2018 – 2019 School Year

Purpose/Destination: Between Pierrepont and Union School

Home Telephone: _____

Emergency Contact: _____
(Name)

(Telephone Number)

Teacher: _____

Grade _____

Signature of Parent/Guardian

Transportation: School Bus

OPTIONAL: Medical Treatment. I give permission to the teacher in charge to authorize emergency medical treatment and release said teacher from any personal liability resulting from such treatment.

Signature Parent/Guardian