

## **Bus Permission Slip** *Elite Basketball Afterschool at the Community Center*

Child's Name:	School Year:
School: (Please circle one)	
Colonial Middle School, #10	
Colonial Elementary School, #94	
Plymouth Elementary, #79	
Ridge Park, #19	
Grade:	
Day: Monday / Tuesday / Wednesday / Thu	ırsday / Friday / All 5 Days
Dates: Fall Session / Winter Session / Spring Ses	ssion / All three Sessions
I give my child permission to go on the School Bo Plymouth Community Center's Elite Basketball A riding the school bus and checking in with the co	afterschool Program. My child will be responsible while
Parent/Guardian Signature:	Date:
*The Greater Plymouth Community Center will send this fo	orm to the school district.
Colonial School District Authorization:	<del></del>
Bus number child is authorized to ride on:	
Date:	

<sup>\*</sup>A copy of this form should be faxed to the Greater Plymouth Community Center after the School District signs it and a hard copy should be mailed to the parent/guardian of the child.