

Callison Walking School Bus Parent Permission Form 2019-2020



My son/daughter,				(please	e print), has m	y permission to participate	
in the Walking Sci	hool Bus progr	am for the 20	019/2020 scl	nool year.	, ,		
I understand my o	child will leave	from and retu	urn to one of	these location	s at the follow	ving times: (please check)	
□ Vanden Rd./Ha	rvest Dr. M/T/	/Th/F – 8 am	& 3 pm** [☐ Macbeth Ct	./Marshall Ro	d. M/T/Th/F - 8 am & 3 pm	
Wed 8 am & 1:30 pm**				Wed 8 am & 1:30 pm**			
	n not picked u ack to school	•	• •	•) or by 1:30	om (Wed.) will be	
	my permission	ı to walk hom	ne from the V	VSB stop with	out an adult		
(Please initial) *Person responsil	ble for picking	up child at at	ternoon WS	B stop (if not pa	arent) [,]		
Child's teacher:	sio ioi pioiig	ap orma at ar	Grade:	2 otop (110t p.			
Home Address:			-	C	ity:	Zip:	
Phone Number:			Email:		•		
 I understant to/from sch 	nd that in the c	ase of a mis	sed "bus tim	e" I am respon	sible for my c	Zip:hild's transportation	
		ation is com	nletely volun	tary and that n	articination is	at "my own risk". I	
						ver, I will not hold the	
			•	•	•	es, Solano Transportation	
Authority e	employees, So	lano Public F	lealth emplo	yees and any	volunteer for t	this program liable should	
any incide							
	•	•		•	•	cipation, someone will	
attempt to	contact me or	an emergen	cy contact at	the numbers b	pelow:		
Signed:				Date: _			
				(Phone N	dumber)		
	Name (please			(1 110116 1	varriber)		
(Phone Number)							
Emerge	ency contact nar	ne <i>(please pri</i>	nt)	· · · · · · · · · · · · · · · · · · ·	, <u></u>		
If I connet be reach			ot		lean farmandiae		
						al assistance, and I agree emnify and hold harmless	
						no Transportation Authority	
and Solano Public H	Health, and any	volunteer for t				child which is not a result of	
inaction by the distr							
☐ I give permiss	sion for my chil	d to be photo	ographed as	part of the Sol	ano Safe Rou	utes to School program.	
Signed:	ned: Print name:						
Signed:Print name:(parent/guardian) (parent/guardian)						nt/guardian)	
☐ I DO NOT give p	ermission for m	y child to be p					
My child will be pa				n the following	days and tim	es:	
(Please mark with	n an x)	Monday	Tuesday	Wednesday	Thursday	Friday	
i. iodoo man with	Morning						
	Afternoon						

Questions? Contact Jessica Reed, principal, at 707-453-6250