

Dr. David S. Cutler Director of District Services 4 Mechanic Street Bellingham, MA 02019

## **AUTHORIZED PERSONS TO RECEIVE CHILDREN FROM THE BUS**

Date:				
Stude	nt's Name:			
Studer	nt's School (select one): <u>DiPietro</u> Stall Brook	Student's	Grade for this sch	ool year:
Please	read the bus transportation policies and procedure	s as listed or	our website <u>www</u>	bellinghamk12.org.
I	(parent name),	authorize th	e following person	(s) to receive the above
studer	nt from the school bus.			
	Name of Authorized Person to Receive Child & Phone Number		Relationship	Signature of Authorized Persor
1				
2				
3				
4				
5				
author recom estima	ersons listed above must sign this form in order to be rized persons should be prepared to show identification mended that parents, guardians and other authorized atted bus drop off time. If none of the authorized per at(s), they will be returned to the school and the par	ation to the ed persons b sons are at t	bus driver if reque e at the bus stop a he bus stop to rece	sted. In all cases, it is t least 10-15 minutes prior to the eive the elementary school
Parent/Guardian Signature: Date: Date:				
Date R	Received:			

## **EQUAL OPPORTUNITIES**

No person shall be excluded from or discriminated against in admission to and/or employment in the public schools of Bellingham, for admittance to State and Federally funded grant programs, or in obtaining the advantages, privileges, and course of study presented in these schools, on account of race, color, national origin, sex, gender identity, disability, religion, sexual orientation or homelessness. This non-discrimination applies to all persons, whether or not the individual is a member of a conventionally defined "minority group". Questions or concerns regarding compliance under Title IX and/or Section 504, please contact Suzanne Michel, District Coordinator Title IX/Section 504, Bellingham Public School District, 4 Mechanic Street, Bellingham, MA 02019, 508-883-1706.