

SHS/SMS S.T.A.R.S. Program Busing Consent Form

I hereby give permission for my student(s)

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

to travel by Northern Local School District bus from Sheridan High School/Sheridan Middle School to:

(Please select a drop off site)

_____ Somerset Elementary – drop off time: 5:20 p.m. – 5:25 p.m.

_____ Thornville Elementary – drop off time: 5:35 p.m. – 5:45 p.m.

_____ Glenford Elementary – drop off time: 5:55 p.m. – 6:05 p.m.

Plan to arrive 5 minutes prior to the drop off time to be prepared to pick up your student.

Please be advised; the students will be dropped off even if there is no ride waiting.

In granting permission, I hereby expressly waive my claim for liability against Northern Local School District, Muskingum Valley Educational Service Center, their Boards of Education, including its employees and representatives and release them from liability in connection with this bus route.

Parent/Guardian Signature
(REQUIRED)

Parent/Guardian Phone #
(REQUIRED)

Date

