

West Islip UFSD

BUS PERMISSION SLIP (For student going home with friend)

Date: _____

PM

School: _____

Teacher: _____

_____ will be going on Bus _____
(My child) (Letter or Number)

with _____ today.
(Name of friend)

Parent signature: _____
(I give permission for my child to go home today with the child listed. The friend's parent/guardian has also approved.)

Notes: _____

School Authorization: _____
(Teacher or Principal)