

**GREATER JOHNSTOWN SCHOOL DISTRICT  
TRANSPORTATION PERMISSION SLIP  
20 CRESCENDOE ROAD  
JOHNSTOWN, NY 12095  
762-7911, FAX #-762-8393  
2011-2012 SCHOOL YEAR  
Grades Pre-K, Special Ed, Kindergarten, and 1<sup>st</sup> Grade**

The Greater Johnstown School District has my permission to transport:

Students Name \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Address \_\_\_\_\_

Parents Phone # \_\_\_\_\_

Baby-sitters Name: \_\_\_\_\_

Baby-sitters Address \_\_\_\_\_

Baby-sitters Phone # \_\_\_\_\_

A.M. Pick Up Location  
\_\_\_\_\_

P.M. Drop Off Location  
\_\_\_\_\_

Name of School \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Signature \_\_\_\_\_

Date of Request \_\_\_\_\_

The following people have my permission to take my child off the bus:

_____	_____
_____	_____
_____	_____
_____	_____