

Warwick

WARWICK VALLEY CENTRAL SCHOOL DISTRICT

Notice to Warwick Valley Central School District

This is to notify you that I am electing to drive my child(ren) to and from school, or my child will drive him or herself to and from school, and he/she/they will no longer require district transportation to and from school.

I understand that if my personal situation should change or an emergency occurs I may request (in writing or via email to the transportation department) that district transportation be reinstated for my child(ren), even if the change is temporary.

____ I intend to drive my child(ren) to and from school on a regular basis beginning ____/____/____ and I am electing not to utilize district transportation.

OR

____ My child will drive him/herself to and from school on a regular basis beginning ____/____/____ and I am electing not to utilize district transportation.

(Parent Name – please print)

(Signature)

(Date)

(Address)

Child's name:

School:
