



P.O. Box 450
BRISTOL, CONNECTICUT 06011- 0450
(860) 584-7000 • Fax (860) 584-7611

DAY CARE AUTHORIZATION

I, _____ HEREBY AUTHORIZE THE BRISTOL BOARD OF EDUCATION TO PICK UP AND/OR DROP OFF MY CHILD AT THE FOLLOWING DAY CARE PROVIDER.

SCHOOL _____ GRADE _____

STUDENT _____ HOME PHONE _____

DAY CARE INFORMATION

DAY CARE PROVIDER NAME _____

DAY CARE ADDRESS _____

DAY CARE PHONE NUMBER _____

DAYS ATTENDING DAY CARE: ____ MON ____ TUES ____ WED ____ THUR ____ FRI

CIRCLE, WHICH THAT APPLY: PICK UP DROP OFF

EFFECTIVE DATE _____ SCHOOL YEAR _____

I understand that the pick up and/or drop off address MUST BE ON AN EXISTING BUS ROUTE for the school year and MUST BE IN MY CHILD'S PUBLIC SCHOOL ATTENDANCE AREA. I will accept full responsibility for my child when he/she is at this address.

Please submit this authorization form to the main office at your child's school, and allow 48 hours in change of transportation to take effect. Due to examination of the bus route(s), possible required adjustment(s) of such routes, and communication of such change(s), this allotment of time will be required.

If there is any change in the day care schedule, please notify the school or the Board of Education Transportation Office directly, 860-584-7984.

SIGNATURE OF PARENT OR GUARDIAN ADDRESS DATE

****THIS FORM MUST BE COMPLETED ON AN ANNUAL BASIS, FOR AUTHORIZATION TO CONTINUE FROM ONE YEAR TO THE NEXT.**

SCHOOL USE ONLY

BUS STOP _____ **RTE #** _____