



PERMISSION SLIP

Date: _____

KT#: _____

Legal Guardian of: _____

I give my permission for Lincoln Intermediate Unit #12/Kelly Transit to leave the above-mentioned student off the bus after school by him/herself.

I understand that my child will be responsible for him/herself and that I will not have to meet the bus.

I also understand this permission slip will remain in effect the remainder of the school year unless Kelly Transit is notified, in writing, that the above information has changed.

Please check one of the following boxes if they apply:

- Please be sure you see my child enter the home.
- My child can be left home alone.

Additional Comments:

(Signature of Parent/Guardian)