**Dryden Elementary School Bus Permission to the Southworth Library**

**FLIP French Language classes**

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to participate in the French Language Classes at the Southworth Library which meets weekly on Monday afternoons after school.

I would like to request permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to ride the bus to the library stop on (please indicate the dates needed)

* April 24
* May 1
* May 8
* May 15

I understand that the school will transport my child to the library and I will pick them up at the library at 5:00 pm

I agree to let the school **and** the library know if my child will not be able to attend the club on any particular day and does not require transportation, prior to the end of the school day.

My child understands that he or she must come directly to the library from the bus stop and report immediately to the front desk or meeting room upon arriving.

Guardian or Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home or cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to the office at your school **and** let the library know indicated dates to coordinate transportation

Southworth Library~ 24 West Main Street ~ P.O. Box 45 ~ Dryden, NY ~ 13053

Monday – Friday 10 am – 6 pm ~Sat 10 am – 2 pm

607-844-4782 [www.southworthlibrary.org](http://www.southworthlibrary.org) ~ [southworthlibrary@gmail.com](mailto:southworthlibrary@gmail.com)