

LYNCH BUS LINES
2020-21 CONSENT TO DROP OFF WITH ALTERNATE ADULT

Please complete this form and return it to your driver or mail it to csf-team@lynchbuslines.com.

BUS ROUTE: _____

STUDENT INFORMATION:

SCHOOL: _____

STUDENT'S NAME: _____

GRADE: _____

DROP OFF ADDRESS: _____

PARENT'S NAME: _____

PHONE (HOME): _____ ALTERNATE PHONE: _____

I GIVE MY CHILD PERMISSION TO BE DROPPED OFF WITH THE FOLLOWING PERSON(S):

1) FULL NAME _____ PHONE _____

RELATIONSHIP: _____

1) FULL NAME _____ PHONE _____

RELATIONSHIP: _____

DATE: _____ SIGNATURE: _____

The information on this form is collected by Lynch Bus Lines under contract to the Conseil scolaire francophone. It is required and will be used solely for the purpose of documenting the information needed to provide unattended drop off for your child. This information will be kept confidentially by Lynch Bus Lines. Any questions concerning the collection and use of this information may be addressed to the Transportation Department (604-214-2628) located at the CSF office at #100-13511 Commerce Parkway, Richmond BC.