

GRASP at Federal Street School

Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

____ BY SCHOOL BUS OPERATED BY
THE GREENFILED PUBLIC SCHOOLS
FROM NEWTON SCHOOL TO
FDERAL STREET SCHOOL
GRASP PROGRAM

____ PARENT/GUARDIAN OR AUTHORIZED PICK UP

PARENT /GUARDIAN SIGNATURE _____

DATE _____