

**AGREEMENT  
RELEASE OF TRANSPORTATION SERVICE**

As the parents or legal guardian of:

\_\_\_\_\_ (Child's Last and First Name)

I (We), \_\_\_\_\_ and \_\_\_\_\_  
Mother First and Last Name Father First and Last Name

give my (our) permission to my (our) child to go home alone after bus drops him/her off from Big Apple Institute., Monday through Friday.

I (We) will take full responsibilities for my (our) child before he/she takes the bus and after he/she leaves the bus without the supervision.

I (We) further agree to waive the right to press legal charges against Big Apple Institute, its officers and staff, in those instances.

I have read the Agreement of Release of Transportation Service. In the event this agreement is executed by one parent, I acknowledge that I am also acting as the agent of the other parent with the authority to enroll my child into Big Apple Institute, and agree to execute this agreement on his or her behalf.

Signatures: Mother _____	Father _____	Date _____
Authorized Guardian _____	Date _____	
Subscribed and sworn to before me this _____ day of _____, 20____		
_____	_____	_____
Notary Public or Commissioner of Deeds	County of _____	